Case 16-35509 Doc 1 Filed 11/07/16 Entered 11/07/16 15:15:22 Desc Main Document Page 1 of 57

| Fill in this information to identify your case: | Appendix of the second |
|---|---|
| United States Bankruptcy Court for the: | FILED |
| Northern District of Illinois | UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS |
| Case number (If known): | Chapter you are filing under: NOV 0 7 2016 |
| | Chapter 11 Chapter 12 Chapter 13 JEFFREY P. ALLSTEADT, CLERKCheck if this is an |
| | amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P | art in Identify Yourself | | |
|-----------|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | , |
| : | Write the name that is on your | TOVEYAH | |
| | government-issued picture identification (for example, your driver's license or | First name | First name |
| | passport). | Middle name | Middle name |
| | Bring your picture | BRAZELTON | |
| | identification to your meeting with the trustee. | Last name | Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., H, III) |
| 2. | All other names you | | |
| | have used in the last 8 years | First name | First name |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| \$250000 | and the second | PARTINIANS NO CONTROL PARTINIS AND | |
| | Only the last 4 digits of your Social Security | xxx - xx - 0 7 2 1 | xxx - xx |
| | number or federal | OR | OR |
| | Individual Taxpayer Identification number (ITIN) | 9 xx - xx | 9 xx - xx |

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Document Page 2 of 57 TOVEYAH BRAZELTON Debtor 1 Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name EIN Where you live If Debtor 2 lives at a different address: 6803 S CORNELL Number **CHICAGO** IL 60649 City State ZIP Code City State ZIP Code COOK County County If Debtor 2's mailing address is different from If your mailing address is different from the one above, fill it in here. Note that the court will send yours, fill it in here. Note that the court will send any notices to you at this mailing address. any notices to this mailing address. Number Street Number Street P.O. Box P.O. Box City State City ZIP Code State ZIP Code 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. I have another reason. Explain. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

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| Debtor | 1 |
|--------|---|
| | |

| TOVE | YAH BRAZE | ELTON | |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name | |

Case number (# toxown)____

| 7. | Bankruptcy Code you for Ba | | one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing nkruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | | |
|-----|---|---------------------------------|---|---|--|--|---|--|--|--|--|
| | are choosing to file under | Cha | pter 7 | | | | | | | | |
| | | ☐ Cha | pter 11 | | | | | | | | |
| | | Cha | pter 12 | | | | | | | | |
| | | 2 Cha | pter 13 | | | | | | | | |
| 8. | How you will pay the fee | loca you sub with | I court freelf, you nitting you a pre-p | pay the entire fee when I file my petition. Please check with the clerk's office in your court for more details about how you may pay. Typically, if you are paying the fee self, you may pay with cash, cashier's check, or money order. If your attorney is nitting your payment on your behalf, your attorney may pay with a credit card or check a pre-printed address. | | | | | | | |
| | | | | | | | otion, sign and attach the ents (Official Form 103A). | | | | |
| | ٠ | ☐ I red By la less pay | juest thaw, a ju than 15 the fee | at my fee be wand dge may, but is not of the official in installments). It | ived (You may ot required to, v poverty line that f you choose th | request this opt waive your fee, a at applies to you is option, you m | tion only if you are filing for Chapter 7 and may do so only if your income is ir family size and you are unable to nust fill out the Application to Have the with your petition. | | | | |
| | | | | g | (Omount om | 1000) unu me « | wan you peason. | | | | |
| 9. | Have you filed for bankruptcy within the | ☑ No | | | | | | | | | |
| | last 8 years? | Yes. | District | ************************************** | When | MM / DD / YYYY | Case number | | | | |
| | | | District | | When | | Case number | | | | |
| | | | District | | 18.6 | MM / DD / YYYY | 0 | | | | |
| | | | LASURA | *** | When | MM / DD / YYYY | Case number | | | | |
| 10. | Are any bankruptcy | Z No | | | | | | | | | |
| | cases pending or being filed by a spouse who is | 🔲 Yes. | Debtor | | | | Relationship to you | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | District | · · · · · · · · · · · · · · · · · · · | When | MM / DD / YYYY | Case number, if known | | | | |
| | | | Debtor | / | | | Relationship to you | | | | |
| | | | District | | | | Case number, if known | | | | |
| | | | | | | | | | | | |
| 11. | Do you rent your residence? | ☑ No. ☐ Yes. | Go to lii Has you residen | ır landlord obtained | an eviction judgi | ment against you | and do you want to stay in your | | | | |
| | | | ☐ No. | Go to line 12. | | | | | | | |
| | | | T Voc | Eill out Initial Chata | mont About on E | Seistian tertamant | Against You (Form 101A) and file it with | | | | |

| | Case 16-35509 | Doc 1 | Filed 11/07/16 Document | Entered 11/07/16 : Page 4 of 57 | 15:15:22 | Desc Main |
|---|--|--|---|--|--|--|
| Debtor 1 | TOVEYAH BF | | | Case number (r | known) | |
| Part 3: | Report About Any E | usinesses Y | ou Own as a Sole Pro | pprietor | | |
| of an busine A sole busine individual separation a complete. If you sole p separations and a separation and | you a sole proprietor by full- or part-time ness? c proprietorship is a cess you operate as an dual, and is not a ate legal entity such as poration, partnership, or have more than one roprietorship, use a ate sheet and attach it petition. | Name Numb City Checa | e and location of business of business, if any er Street k the appropriate box to dealth Care Business (as dealth Care Business (as dealth Care Real Estate (a lockbroker (as defined in | State escribe your business: lefined in 11 U.S.C. § 101(27A) is defined in 11 U.S.C. § 101(5 | • | |
| Chap Banki are you debto For a co busine | ou filing under ter 11 of the ruptcy Code and ou a small business or? definition of small ss debtor, see c.C. § 101(51D). | can set approprimost recent ba any of these do | write deadlines. If you ind lance sheet, statement of pouments do not exist, fol ot filing under Chapter 11 | ourt must know whether you are icate that you are a small busin operations, cash-flow stateme low the procedure in 11 U.S.C. | ness debtor, yont, and federal § 1116(1)(B). | ou must attach your I income tax return or if |

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

Bankruptcy Code

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| Ø No ☐ Yes. | What is the hazard? | *************************************** | | | | |
|----------------|---------------------------|---|--------------------|-----------|----------|--|
| | If immediate attention is | | hy is it needed? _ | | | |
| | Where is the property? | Number | Street | ····· | | |
| | | City | | State | ZIP Code | |

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Debtor 1

TOVEYAH BRAZELTON
First Name Middle Name Last Name

| Case number (if known) |
|------------------------|
|------------------------|

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| u | I am not required | to receive a | briefing about |
|---|-------------------|--------------|----------------|
| | credit counseling | | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

| TOVE | YAH BRAZ | ELTON | |
|------------|----------------|------------|--|
| Circl Mama | Mictella Marma | Lant Shamo | |

| Case number (if known) | | |
|------------------------|--|--|

| Þ | art 6: Answer These Que | stions for Reporting Purpos | ses | | | |
|------------|--|--|---|---|--|--|
| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. ☑ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| | you have: | | | | | |
| | | | | | | |
| | | No. Go to line 16c. Yes. Go to line 17. | | | | |
| | | 16c. State the type of debts you | u owe that are not consumer debts or bus | siness debts. | | |
| 17. | Are you filing under Chapter 7? | ☑ No. I am not filing under Cl | hapter 7. Go to line 18. | инова в тогу на на негот стобото маладите негод от вод от | | |
| | Do you estimate that after any exempt property is | Yes. I am filing under Chapt administrative expense | ter 7. Do you estimate that after any exences are paid that funds will be available to | npt property is excluded and distribute to unsecured creditors? | | |
| | excluded and | □ No | | | | |
| | administrative expenses are paid that funds will be | ☐ Yes | | | | |
| CANCES CO. | available for distribution to unsecured creditors? | That the think that the control has been the control to the contro | | | | |
| 18. | How many creditors do | 2 1-49 | 1 ,000-5,000 | 25,001-50,000 | | |
| | you estimate that you | 50-99 | 5,001-10,000 | 5 0,001-100,000 | | |
| nen savets | owe? | 100-199 200-999 | ■ 10,001-25,000 ********************************** | More than 100,000 | | |
| 19. | How much do you | 2 \$0-\$50,000 | ☐ \$1,000,001-\$10 million | ☐ \$500,000,001-\$1 billion | | |
| | estimate your assets to be worth? | \$50,001-\$100,000 | \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | |
| | be wordt? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | |
| esanturate | * * દુરાભાઈન્યાક્ષિત્રકારમાં પ્રેન્ચન્યલન્ય દોરાઇન્યાપન * કોન્યર્પન ઇન્સ્ટેલન્ટન્સલાઇ માર્કિક દોરાયા પ્રાપ્ત પણ નાંકન્ય નાંકન કોંગ્યાઇન્ટર્પાણ | □ \$500,001-\$1 million | \$100,000,001-\$500 million | More than \$50 billion | | |
| 20. | How much do you | \$0-\$50,000 | \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion | | |
| | estimate your liabilities to be? | \$50,001-\$100,000 | \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | |
| | | \$100,001-\$500,000 \$500,001-\$1 million | \$50,000,001-\$100 million \$100,000,001-\$500 million | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion | | |
| Đa | 11778 Sign Below | Soot, out a stantat | 4 100,000,001-\$500 minor | More than \$50 pillon | | |
| Fo | r you | I have examined this petition, ar correct. | nd I declare under penalty of perjury that | the information provided is true and | | |
| | | If I have chosen to file under Ch of title 11, United States Code. I under Chapter 7. | apter 7, I am aware that I may proceed, i understand the relief available under each | f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed | | |
| | | If no attorney represents me and this document, I have obtained a | d I did not pay or agree to pay someone vand read the notice required by 11 U.S.C | who is not an attorney to help me fill out § 342(b). | | |
| | | I request relief in accordance wi | th the chapter of title 11, United States Co | ode, specified in this petition. | | |
| | | | It in fines up to \$250,000, or imprisonment | money or property by fraud in connection nt for up to 20 years, or both. | | |
| | | * formal of | Draguton * | | | |
| | , | Signature of Debtor 1 | Signature | of Debtor 2 | | |
| | | Executed on 10/26/2016 | Executed | | | |
| -202754 | ik kantig tirak ja kumata majanga talah kalanga anaka banga kanga kanga tagan daga da mata kana a | (1 UU / NAMA Andrews and and an angle of the companies | l III. Sykykykyttysyk kikanson (nyytynyn amagon alaten mynnasian a sooma (nasymtiin ammerialate), soo | MM / DD /YYYY | | |

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| Debtor 1 TOVEYAH BF First Name Middle Nam | RAZELTON ne Last Nume | Case number (# Innown), | | |
|---|--|-------------------------|--|--|
| For your attorney, if you are represented by one f you are not represented by an attorney, you do not need to file this page. | available under each chapter for which the person is eligible. I also certiful the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b) knowledge after an inquiry that the information in the schedules filed with the informat | | and have explained the relief y that I have delivered to the debtor()(4)(D) applies, certify that I have no | |
| | Signature of Attorney for Debtor | Date | MM / DD /YYYY | |
| | | | | |
| | Printed name | | V CONTROL OF THE CONT | |
| | Firm name | | | |
| | Number Street | | | |
| | City | State | ZIP Code | |
| | , | oute | Zii Gode | |
| | Contact phone | Email address | ANTI-MINISTER, N. C. | |
| | Bar number | State | - | |
| | ba name | Siare | | |

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Debtor 1

TOVEYAH BRAZELTON

Case number (# known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply

| the same and and are apply. | | |
|---|------------------------|--|
| Are you aware that filing for bankruptcy is a serious actionsequences? No Yes | on with long-term fina | ncial and legal |
| Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprisor No Yes | | uptcy forms are |
| Did you pay or agree to pay someone who is not an atto No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Deci | | |
| By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware that attorney may cause me to lose my rights or property if I | at filing a bankruptcy | case without an |
| Signature of Deblor 1 | Signature of Debtor 2 | <u> </u> |
| Date 10/26/2016 MM / DD / YYYY | Date MM / | DD / YYYY |
| Contact phone (173) 595-8778 | Contact phone | |
| Cell phone | Cell phone | |
| Email address | Email address | The state of the s |
| | | |

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| Debtor 1 | TOVEYAH BRAZELTON | | | | |
|---------------------|---------------------|-------------------------------|-----------|--|--|
| , | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| | Bankruptcy Court fo | r the: Northern District of I | llinois | | |
| Case number | | | | | |

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| your original forms, you must fill out a new Summary and check the box at the top of this page. | |
|--|------------------------------------|
| Part 1: Summarize Your Assets | |
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 0.00 |
| the object of the real estate, non concare 770 | |
| 1b. Copy line 62, Total personal property, from Schedule A/B | . \$1,350.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | 4.050.00 |
| | \$ 1,350.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | s 0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 6,024.00 |
| Your total liabilities | \$6,024.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) | s 1,030.00 |
| Copy your combined monthly income from line 12 of Schedule I | \$ |
| Copy your contained monthly meeting from the 12 of confedure 1 | |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | ¢ 630.00 |

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Debtor 1

TOVEYAH BRAZELTON
First Name Middle Name Last Name

Case number (if known)

| | Cart 4: Answer These Questions for Administrative and Statistical Record | s | |
|----|--|---|--|
| 6 | . Are you filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this ✓ Yes | form to the court with your other schedu | ules. |
| 7 | . What kind of debt do you have? | kentifikata Manustatheria kennakan atti minga ereka perekannya inkansi kinastigi ilik kesimi di | e maetanak da e matatana mana gura a manga a saga |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp | n individual primarily for a personal, oses. 28 U.S.C. § 159. | |
| | Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules. | rt of the form. Check this box and subm | įŧ |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | ncome from Official \$ | 1,030.00 |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | | THE Seminate Annie A |
| | From Part 4 on Schedule E/F, copy the following: | Total claim | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$ | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | |
| | 9d. Student loans. (Copy line 6f.) | \$ | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 | |
| | 9g. Total. Add lines 9a through 9f. | \$0.00 | |

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| Fill in this information to identify your case and th | is filing: | | |
|--|--|---|-------------------------|
| Debtor 1 TOVEYAH BRAZETTON | | | |
| First Name Middle Name Debtor 2 | Last Name | | |
| (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Northern District of | of Illinois | | |
| Case number | | | - |
| | | Į. | Check if this is an |
| Official Form 106A/B | | | amended filing |
| | ba e | | |
| Schedule A/B: Propert | <u>.y</u> | | 12/15 |
| | nore space is needed, attach a separate sheet to the wer every question. Land, or Other Real Estate You Own or Ha | his form. On the top of a | any additional pages, |
| Do you own or have any legal or equitable interest. | est in any residence, building, land, or similar prop | erty? | |
| No. Go to Part 2. | | | |
| Yes. Where is the property? | What is the property? Check all that apply. | | |
| | ☐ Single-family home | Do not deduct secured cla the amount of any secure | |
| 1.1. Street address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Clair | ms Secured by Property. |
| | Condominium or cooperative | Current value of the | |
| | ✓ Manufactured or mobile home ✓ Land | entire property? | portion you own? |
| | Investment property | \$ | \$ |
| City State ZIP Code | Timeshare | Describe the nature of | |
| 5.17 5.00 | Other | interest (such as fee the entireties, or a life | |
| | Who has an interest in the property? Check one. | | • |
| | Debtor 1 only | | |
| County | Debtor 2 only | Check if this is co | |
| | Debtor 1 and Debtor 2 only | (see instructions) | mmunity property |
| | At least one of the debtors and another Other information you wish to add about this if | | |
| | property identification number: | em, such as local | |
| If you own or have more than one, list here: | | | |
| | What is the property? Check all that apply. | Do not deduct secured cla | ims or exemptions. Put |
| 1.2. | ☐ Single-family home ☐ Duplex or multi-unit building | the amount of any secure Creditors Who Have Clain | |
| Street address, if available, or other description | Condominium or cooperative | | |
| | Manufactured or mobile home | Current value of the entire property? | portion you own? |
| | ☐ Land | \$ | \$ \$ |
| | Investment property | D3-4 | |
| City State ZIP Code | Timeshare | Describe the nature of interest (such as fee! | |
| | Other | the entireties, or a life | |
| | Who has an interest in the property? Check one. | | |
| | Debtor 1 only | | |
| County | Debtor 2 only Debtor 1 and Debtor 2 only | Charles seed to the | |
| | At least one of the debtors and another | Check if this is con (see instructions) | mmunity property |
| | | , | |
| | Other information you wish to add about this ite property identification number: | m, such as local | |
| | - | | |

Entered 11/07/16 15:15:22 Case 16-35509 Doc 1 Filed 11/07/16 Desc Main Document Page 12 of 57 **TOVEYAH BRAZETTON** Debtor 1 Case number (if known Middle Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the ☐ Condominium or cooperative Current value of the entire property? portion you own? Manufactured or mobile home Land ☐ Investment property City Describe the nature of your ownership ZIP Code ☐ Timeshare State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles M No ☐ Yes Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

If you own or have more than one, describe here:

| 3.2. | Make: Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured class the amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: |
|------|---|---|--|-------------------------|
| | Other information: | | | |
| | | ☐ Check if this is community property (see instructions) | \$ | \$ |

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TOVEYAH BRAZETTON Debtor 1 First Name Middle Name

Last Name

| 3.3. | Make: | Who has an interest in the property? Check one. | Do not deduct secured of | |
|-----------------|---|--|---|---|
| | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clas | |
| | Year: | Debtor 2 only | | |
| | | Debtor 1 and Debtor 2 only | Current value of the entire property? | |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | Andrews Property Control of the Cont | • | |
| | | Check if this is community property (see instructions) | • | \$ |
| .4, | Make: | Who has an interest in the property? Check one. | Do not deduct secured cl | aims or exemptions. Put |
| | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | Debtor 2 only | Creators who have Class | ms secured by Property. |
| | | Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | | |
| | | ☐ Check if this is community property (see instructions) | \$ | \$ |
| amı No |) | watercraft, fishing vessels, snowmobiles, motorcycle accesso | ories | |
| No Ye |) | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: ns Secured by Property. |
| amp No Ye | Make:Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the | d claims on Schedule D: ns Secured by Property. Current value of th |
| amµ No Ye | Make:Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured class the amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? |
| No Ye | Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured class the amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| No Ye | Make: Model: Year: Other information: own or have more than one, fist here: Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| ou c | Make: Model: Year: Other information: own or have more than one, list here: Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securec Creditors Who Have Claim | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| No Ye | Make: Model: Year: Other information: own or have more than one, list here: Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| amp No Ye | Make: Model: Year: Other information: own or have more than one, list here: Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securec Creditors Who Have Claim | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ ims or exemptions. Put I claims on Schedule D: ns Secured by Property. |
| No Ye | Make: Model: Year: Other information: own or have more than one, list here: Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the | d claims on Schedulens Secured by Proper Current value of portion you own \$ |

5.

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Debtor 1

TOVEYAH BRAZETTON First Name Middle Name

Case number (#1000#n)_

Part 3: **Describe Your Personal and Household Items**

| D | o you own or have any le | egal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----|---|--|--|--|
| 6. | Household goods and | furnishings | | |
| | Examples: Major applian | nces, furniture, linens, china, kitchenware | | |
| | ☐ No | | | |
| | | furniture & appliances | | \$ 300.00 |
| 7. | Electronics | | | · · · • |
| | collections; el | and radios; audio, video, stereo, and digital equipment; comput electronic devices including cell phones, cameras, media playe | rs, games | |
| | Yes. Describe | electronic devices | | \$ 550.00 |
| 8. | Collectibles of value | | | e-m ^d |
| | Examples: Antiques and | figurines; paintings, prints, or other artwork; books, pictures, or baseball card collections; other collections, memorabilia, col | llectibles | |
| | Yes. Describe | | | \$ |
| 9. | Equipment for sports an | | · · · · · · · · · · · · · · · · · · · | ot m ⁱ |
| • | Examples: Sports, photogrand kayaks; c | graphic, exercise, and other hobby equipment; bicycles, pool t carpentry tools; musical instruments | | |
| | No No | | | · · · · · · |
| | Yes. Describe | | | \$ |
| | I to | | **Porter production of a construct a construct a construct and construct a con | naul |
| 10. | Firearms Examples: Pistols, rifles, s No | shotguns, ammunition, and related equipment | | |
| | Yes. Describe | | | \$ |
| 11 | Clothes | | | |
| | | hes, furs, leather coats, designer wear, shoes, accessories | | |
| | | clothes & jackets & shoes | | \$500.00 |
| 12. | Jewelry | | | |
| | gold, silver | elry, costume jewelry, engagement rings, wedding rings, heirlo | om jewelry, watches, gems, | |
| | No Yes. Describe | | | \$ |
| 13. | Non-farm animals | | | |
| | Examples: Dogs, cats, bird | ds horses | | |
| | 2 No | · | | |
| | Yes. Describe | | | \$ |
| 14. | Any other personal and I | household items you did not already list, including any he | | |
| | ☑ No | | | |
| | Yes. Give specific information. | | | \$ |
| | 5.2 | | | <u>.</u> |
| 15. | Add the dollar value of a for Part 3. Write that num | all of your entries from Part 3, including any entries for pag nber here | jes you have attached → | \$1,350.00 |

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Case number (if known)

Debtor 1

TOVEYAH BRAZETTON First Name Middle Name

Describe Your Financial Assets

| Do you own or have any | y legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claim or exemptions. |
|--|--|---|---|---|
| 16. Cash Examples: Money you | s have in your wallet in your hor | ne, in a safe deposit box, and on hand when yo | us file vous petition | |
| ☑ No | | , and date deposit box, and off fluid when yo | a me your pennon | |
| | | | | |
| | | | Cash: | \$ |
| and other s | savings, or other financial ассою similar institutions. If you have п | ints; certificates of deposit; shares in credit unic ultiple accounts with the same institution, list ea | ons, brokerage houses ach. | , |
| ☑ No | | | | |
| □ Yes | | Institution name: | | |
| | 17.1. Checking account: | | | \$ |
| | 17.2. Checking account: | | | \$ |
| | 17.3. Savings account | | | \$ |
| | 17.4. Savings account: | | | \$ |
| | 17.5. Certificates of deposit: | | *************************************** | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | | | \$ |
| | 17.8. Other financial account: | | | \$ |
| | 17.9. Other financial account: | | | \$ |
| | | | | |
| 10 Panda mutual funda | | | | |
| | or publicly traded stocks investment accounts with broken | erage firms, money market accounts | | |
| ☑ No | | | | |
| ☐ Yes | Institution or issuer name: | | | |
| | | | *************************************** | \$ |
| | | | | \$ |
| | 1-11-17-17-17-17-1 | | | \$ |
| | | | | |
| 9. Non-publicly traded s an LLC, partnership, a | tock and interests in incorpor | ated and unincorporated businesses, includ | ling an interest in | |
| 2 No | Name of entity: | | % of ownership: | |
| Yes. Give specific | - some or oracly. | | % or ownership: | • |
| information about | | | 0% | \$ |
| them | | | | \$ |
| | | | <u> </u> | \$ |

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Document **TOVEYAH BRAZETTON**

Debtor 1

Middle Name

| and. | ents are those you ca | cks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them. | |
|--|--|--|----------------|
| 🗹 No | | | |
| ☐ Yes. Give specific | Issuer name: | | |
| information about them | | | \$ |
| | *************************************** | | \$ |
| | | | \$ |
| | | | |
| Retirement or pension | | | |
| | RA, ERISA, Keogh, 4 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ☑ No | | | |
| Yes. List each account separately. | Type of account: | Institution name: | |
| | | | • |
| | 401(k) or similar plan: | | \$ |
| | Pension plan: | | \$ |
| | IRA: | 4994666 | \$ |
| | Retirement account: | | \$ |
| | Keogh: | | \$ |
| | - | | |
| | Additional account: | | \$ |
| | Additional account: | | \$ |
| Security deposits and p | | | |
| Your share of all unused | deposits you have m | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| Your share of all unused Examples: Agreements we companies, or others | deposits you have m with landlords, prepaid | · · · | |
| Your share of all unused Examples: Agreements we companies, or others No | deposits you have m with landlords, prepaid | d rent, public utilities (electric, gas, water), telecommunications | \$ |
| Your share of all unused Examples: Agreements we companies, or others No | deposits you have m with landlords, prepaid | d rent, public utilities (electric, gas, water), telecommunications | \$\$ |
| Your share of all unused Examples: Agreements we companies, or others No | deposits you have m with landlords, prepaid Ins Electric: | d rent, public utilities (electric, gas, water), telecommunications | \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: | d rent, public utilities (electric, gas, water), telecommunications | \$ \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have movith landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have myith landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | titution name or individual: tal unit: | \$ \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have myith landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$ |
| Your share of all unused Examples: Agreements we companies, or others No Yes | deposits you have myith landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | titution name or individual: tal unit: | \$ \$ \$ |

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TOVEYAH BRAZETTON Middle Name

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Case number (# known)

| 24. Interests in an education IRA, i 26 U.S.C. §§ 530(b)(1), 529A(b), | , and 529(b)(1). | |
|---|--|--|
| No No | | |
| Yes | nstitution name and description. Separately file the records of any interests.11 U.S.C. | § 521(c): |
| | | |
| - | | \$ |
| _ | | \$ <u></u> |
| *** | | <u> </u> |
| Trusts, equitable or future intel | rests in property (other than anything listed in line 1), and rights or powers | |
| ☑ No | | |
| Yes. Give specific | | Promo and a state assessment of the parameters |
| information about them | | \$ |
| ī., | | NOON CANADAN COLORS CONTRACTOR |
| | s, trade secrets, and other intellectual property | |
| No No | s, websites, proceeds from royalties and licensing agreements | |
| to a set on | | and married from the street of |
| Yes. Give specific information about them | | \$ |
| Summan | | —————————————————————————————————————— |
| Licenses, franchises, and other Examples: Building permits, exclu- | r general intangibles usive licenses, cooperative association holdings, liquor licenses, professional licenses | |
| C/1 | and the state of t | • |
| No Civa anasifa | terioristic deconductivities and the seconductivities are seconductivities and seconductivities are seconductivities are seconductivities are se | • |
| No Yes. Give specific information about them | The first of the f | |
| Yes. Give specific information about them | The second of th | \$ |
| Yes. Give specific information about them | | \$ |
| Yes. Give specific information about themoney or property owed to you? | | \$ Current value of the portion you own? Do not deduct secured |
| Yes. Give specific information about them oney or property owed to you? Tax refunds owed to you No | | \$ Current value of the portion you own? Do not deduct secured |
| Yes. Give specific information about them oney or property owed to you? Tax refunds owed to you | | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the retu | rether Federal: State: | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including wh | rether Federal: State: | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the retu | hether rims Federal: State: | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years | rether rms Federal: State: Local: | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years | hether rims Federal: State: | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years | hether irns State: Local: alimony, spousal support, child support, maintenance, divorce settlement, property se | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years | Federal: State: Local: alimony, spousal support, child support, maintenance, divorce settlement, property se | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years | rether trins State: Local: alimony, spousal support, child support, maintenance, divorce settlement, property settlement. | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years | Federal: State: Local: alimony, spousal support, child support, maintenance, divorce settlement, property settlement. Alimony: Maintenance: | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years Family support Examples: Past due or lump sum | Tether Ims State: Local: alimony, spousal support, child support, maintenance, divorce settlement, property su Alimony: Maintenance: Support: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years | Tether ims Federal: State: Local: alimony, spousal support, child support, maintenance, divorce settlement, property settlement. Alimony: Maintenance: Support: Divorce settlement. | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years | Tether Ims State: Local: alimony, spousal support, child support, maintenance, divorce settlement, property su Alimony: Maintenance: Support: | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years | Federal: State: Local: alimony, spousal support, child support, maintenance, divorce settlement, property settlement. Alimony: Maintenance: Support: Divorce settlement. Property settlement. | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ \$ \$ \$ \$ ent: \$ ent: \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years | Alimony, spousal support, child support, maintenance, divorce settlement, property settlement | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ \$ \$ \$ \$ ent: \$ ent: \$ |

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Case number (# known) Debtor 1

TOVEYAH BRAZETTON Middle Name

Document

| 31. Interests in insurance policies | | | |
|---|---|--|---|
| | ce; health savings account (HSA | .); credit, homeowner's, or renter's insurance | |
| ☑ No | | | |
| Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| | | | \$ |
| | | | \$ |
| | | ************************************** | \$ |
| property because someone has died. | | nce policy, or are currently entitled to receive | |
| ☑ No | | | |
| Yes. Give specific information | | | \$ |
| | | | |
| 33. Claims against third parties, whether or Examples: Accidents, employment dispute | - | | |
| ☑ No | e per per per per per per per per per pe | | |
| Yes. Describe each claim | | | \$ |
| 34. Other contingent and unliquidated claim | | | · |
| to set off claims | | - | |
| Yes. Describe each claim | | | 7 |
| | ang compensation of the first of the first of the first of an and the manufacture and an annual and an approximate and an approximate and an action of the first | | \$ |
| 35. Any financial assets you did not already No Yes. Give specific information | NOOT Affair Affair affair and and an included an annual annual annual annual annual annual annual annual an ana | | |
| i | to make the state of the state | | 1000 |
| 36. Add the dollar value of all of your entries for Part 4. Write that number here | | | s0.00 |
| | | | |
| Part 5: Describe Any Business-R | elated Property You Ov | vn or Have an Interest In. List any r | eal estate in Part 1. |
| 37. Do you own or have any legal or equitable | e interest in any business-rela | ted property? | |
| 2 No. Go to Part 6. | | | |
| Yes. Go to line 38. | | | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. Accounts receivable or commissions you | ı already earned | | |
| ☑ No | | | |
| Yes. Describe | | | |
| | | | \$ |
| | | nes, rugs, telephones, desks, chairs, electronic devices | |
| 2 No | | | 7 |
| Yes. Describe | | | \$ |

Case 16-35509 Doc 1 Filed 11/07/16 Entered 11/07/16 15:15:22 Document Page 19 of 57 **TOVEYAH BRAZETTON** Debtor 1 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Z No Yes. Describe... 41. Inventory No. Yes. Describe... 42 Interests in partnerships or joint ventures Yes. Describe..... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Mo No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe..... 44. Any business-related property you did not already list ☑ No Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Part 6:

| ☑ No. Go to Part 7. ☐ Yes. Go to line 47. | property: |
|--|---|
| | Current value of the portion you own? |
| 47. Farm animals | Do not deduct secured claims or exemptions. |
| Examples: Livestock, poultry, farm-raised fish | |
| ☑ No | |
| ☐ Yes | |
| | • |

Page 20 of 57 Document **TOVEYAH BRAZETTON** Debtor 1 48. Crops-either growing or harvested 2 No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes..... 50 Farm and fishing supplies, chemicals, and feed Z No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list Z No ☐ Yes. Give specific information..... \$ 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Z No ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here 0.00 Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 1,350.00 57. Part 3: Total personal and household items, line 15 0.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60 Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 0.00 1,350.00 Copy personal property total → 62. Total personal property. Add lines 56 through 61. 1,350.00 63. Total of all property on Schedule A/B. Add line 55 + line 62. 1,350.00

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| F | II in this info | ormation to identify your case: | | | |
|--|--|---|--|--|--|
| D | _ | TOVEYAH BRAZELTON | | | |
| | ebtor 2 | First Name Middle Name | e Last Name | | |
| Ċ | pouse, if filing) | | | | |
| | | ankruptcy Court for the: Northern Dis | inct of Illinois | | |
| | ase number (known) | | | | Check if this is ar amended filing |
| △ 1 | fficial E | n=== 106C | | | |
| | | orm 106C ule C: The Pro | perty You | Claim as Exemp | t 04/16 |
| Usir space your For spec of a retir imit wou | ng the proper ce is needed a name and ce each item of cific dollar any applicable rement fund to the exemple be limited. It is the exemple of | rty you listed on Schedule A/B: Print, fill out and attach to this page as ease number (if known). If property you claim as exempt amount as exempt. Alternatively le statutory limit. Some exempt is—may be unlimited in dollar aption to a particular dollar amount to the applicable statutory amount to the applicable statutory amountify the Property You Claim of exemptions are you claiming | toperty (Official Form 106 is many copies of Part 2: it, you must specify the ty, you may claim the fultions—such as those for mount. However, if you unt and the value of the nount. The mas Exempt Check one only, even it | | you claim as exempt. If more of any additional pages, write ne way of doing so is to state a g exempted up to the amount benefits, and tax-exempt arket value under a law that |
| 2. | You are | claiming state and federal nonbacture claiming federal exemptions. 11 sperty you list on Schedule A/B ription of the property and line on | U.S.C. § 522(b)(2) that you claim as exem | ppt, fill in the information below. Amount of the exemption you claim | Specific laws that allow exemption |
| | Schedule / | VB that lists this property | portion you own Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | Brief description: Line from Schedule A | | \$ <u>500.00</u> | \$ 500.00 100% of fair market value, up to any applicable statutory limit | |
| | Brief description: Line from Schedule A | | \$ <u>550.00</u> | \$ 550.00 100% of fair market value, up to any applicable statutory limit | *************************************** |
| | Brief description: Line from Schedule A. | FURNITURE /B: | \$ <u>300.00</u> | □ \$ 300.00 □ 100% of fair market value, up to any applicable statutory limit | |
| | (Subject to a | you acquire the property covered | years after that for case | s filed on or after the date of adjustment.) 1,215 days before you filed this case? | |

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Debtor 1

TOVEYAH BRAZELTON

Case number (if known)_

Part 2:

Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|--|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | _ \$ | □ \$ | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | *************************************** |
| Brief description: | . \$ | Q \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | . \$ | - \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | . \$ | \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | | any applicable statutory limit | entantina di salamana di s |
| Brief description: | \$ | D s | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | 77.000.000.000 |
| Brief description: | \$ | - \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | - \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | The state of the s |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | - \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |

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| Fill in this information | on to identify yo | ur case: | | | | | |
|---|---|---|---|--|--|--|--|
| Debtor 1 TOVE | YAH BRAZEL | TON | | | | | |
| First Name | | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) First Name | | Middle Name | Last Name | | | | |
| United States Bankrupto | y Court for the: No | rthern District of II | linois | | | | |
| Case number | | *************************************** | | | | D objects | Market and a second |
| | | | | | | | if this is an led filing |
| Official Form | | | | | | | ed ming |
| Schedule | D: Credi | tors Who | Have Cla | ims Secur | ed by Pro | perty | 12/15 |
| additional pages, wri | space is needed ite your name ar nave claims secu | l, copy the Addit nd case number (ired by your pro | onal Page, fill it out if known). perty? | g together, both are ed t, number the entries, nedules. You have nothi | and attach it to this | form. On the top of | t fany |
| Yes. Fill in all of | the information b | elow. | rt with your other scr | ledules. You have nothi | ng else to report on | this form. | |
| Paritif List All S | ecured Claims | | | | | | |
| List all secured cla for each claim. If m As much as possible | ore than one cred | litor has a particul | e secured claim, list ar claim, list the othe er according to the c | r creditors in Part 2 | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | | Describe t | he property that sec | ures the claim: | \$ | \$ | \$ |
| Creditor's Name | WWW. | | | | | | |
| Number Street | | | | | | | |
| | | As of the | late you file the clair | m is: Check all that apply. | } | | |
| BVRV4004-1 | | Conting | | or to. One on all that appry. | | | |
| | | Unliqui | | | | | |
| City | State ZIP Co | | | | | | |
| Who owes the debt? | Check one. | Nature of | ien. Check all that appl | v | | | |
| Debtor 1 only | | | | | | | |
| Debtor 2 only | | car foar | | as mortgage or secured | | | |
| Debtor 1 and Debtor | r 2 only | | y lien (such as tax lien, | mechanic's lien) | | | |
| At least one of the d | | | nt lien from a lawsuit | • | | | |
| Date of the second | | Other (i | ncluding a right to offset | t) | | | |
| ☐ Check if this clain community debt | n relates to a | | | | | | |
| Date debt was incurre | ed . | Last 4 dioi | s of account numbe | r | | | |
| 2.2 | er allega visitati politiko (1886-procesalis) vil controctivali | -174-1766-4445-444-445-554-555-554-541-141-4-151-44-5-451-5-5-4 | het het til stillet i greg i det men e en type ett in edeelt til het eele te kalende eke ed | terah andrewa di diging pada menjadi bina menjadi dan penjada dan menjada dan menjada dan menjada dan menjada Penganan menjada dan menjad | of the state of the second state of the state of the second secon | gan et stannette filosofiniski kritiski kritiniske mennetta sil nediretti kritiniski sad sad s | |
| Creditor's Name | | Describe ti | ne property that secu | ires the claim: | \$ | \$\$ | S |
| | | | | | | | |
| Number Street | | | | | | | |
| | | As of the d | ate you file, the clain | n is: Check all that apply. | | | |
| | | Conting | ent | | | | |
| City | 01-1- 7/0 0 | Unliquid | | | | | |
| City | State ZIP Cod | de 🔲 Dispute | j | | | | |
| Who owes the debt? | Check one. | Nature of I | en. Check all that apply | <i>t.</i> | | | |
| Debtor 1 only | | | | as mortgage or secured | | | |
| Debtor 2 only | | car loan | | gage of coopered | | | |
| Debtor 1 and Debtor | | | / lien (such as tax lien, ı | mechanic's lien) | | | |
| At least one of the de | ebtors and another | | nt lien from a lawsuit | | | | |
| Check if this claim community debt | relates to a | Other (in | cluding a right to offset) |) | | | |
| Date debt was incurre | d | Last 4 digit | s of account number | | | | } |
| Add the dollar valu | e of your entries | s in Column A or | this page. Write th | at number here: | nith Committee en e | TTO A PROBADA PROPRIO POR PROBER A PROBADA POR PROPRIO E POR CORRESPONDENCE E PORTO. | Distribution of the second |

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Debtor 1

TOVEYAH BRAZELTON

| | | | | |
|-------|------|-------------|-----------|--|
| First | Name | Middle Name | Last Name | |
| | | | | |

Case number (if known)

| Additional Page Part 1: After listing any entries on this by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|---|---|--|
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | · · · · · · · · · · · · · · · · · · · | | Y |
| Number Street | _ | | | |
| PARTICIPATION CONTRACTOR CONTRACT | - As of the date you file, the claim is: Check all that apply. | <u>i</u> | | |
| · | Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| At least one of the debtors and another | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | Cores (modeling a light to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | k raminas salaines sa resperíente protes protes protes protes protes protes per a protes per a persona de la c S | o en reconstruinisse en construir proporties se principal proporties en construir de la proporties en construir | t to the third of the section of the |
| Creditor's Name | | T | <u> </u> | <u> </u> |
| Number Street | _ | | | |
| runipei Sireet | As of the data and fit the later to the late | | | |
| | As of the date you file, the claim is: Check all that apply. Ontingent | | | |
| | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | The control of the man of the state of the control | Nemiconnamentarian namen numananapaan pakeenpere | The Commission of the Southern Stranger and Commission (1995) and Commission (1996) and | e l'estre respectation de la company de la c |
| Creditor's Name | Describe the property that secures the claim: | · | \$\$ | |
| | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| | C Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | : |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entries | in Column A on this page. Write that number here: | | | |
| | - - | | | |
| Write that number here: | add the dollar value totals from all pages. | | | |

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Debtor 1

Part 2:

TOVEYAH BRAZELTON
First Name Middle Name

| le Name L |
|-----------|

List Others to Be Notified for a Debt That You Already Listed

Case number (if known)

| | | | | On which line in Part 1 did you enter the creditor? |
|--------------|--|--|--|---|
| Name | | - | | Last 4 digits of account number |
| Number | Street | | | _ |
| City | | State | ZIP Code | |
| ************ | erice of the company of the control | The second secon | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | eren. |
| City | | Chata | 710.0-1 | |
| | | State | ZIP Code | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | - |
| City | | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | - |
| | | | | - |
| City | | State | ZIP Code | - |
| Name | and the second s | | | On which line in Part 1 did you enter the creditor? |
| | | APPARAMENTAL CONTRACTOR OF THE PARAMETER | | Last 4 digits of account number |
| vumber | Street | | | |
| City | | State | ZIP Code | |
| | . ******* - *** | | entre en la companya de la companya | On which line in Part 1 did you enter the creditor? |
| lame | ************************************** | | | Last 4 digits of account number |
| ····· | Street | | ····· | |
| lumber | | | | |

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| Fill in this information to identify your ca | Se: | | | |
|--|--|--|--|--|
| Debtor 1 TOVEYAH BRAZELTON | 1 | | | |
| First Name Middle | Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name Middle | Name Last Name | | | |
| United States Bankruptcy Court for the: Northern | District of Illinois | | | |
| Case number(if known) | WANTED | | ☐ Check | if this is an |
| | | | | led filing |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secur | ed by Pro | perty | 12/15 |
| information. If more space is needed, cop additional pages, write your name and ca: 1. Do any creditors have claims secured to No. Check this box and submit this for | by your property? In to the court with your other schedules. You have noth | and attach it to this | form. On the top of | et f any |
| Yes. Fill in all of the information below. Part 1: List All Secured Claims | | | | |
| | | Column A | Column B | Column C |
| for each claim. If more than one creditor h | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | 7 | · • • • • • • • • • • • • • • • • • • • | · * |
| Number Street | | | | |
| sanings Officer | As of the date you file, the claim is: Check all that apply. | J | | |
| | ☐ Contingent | | | |
| | ☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured) | | | |
| Debtor 2 only | car (oan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| At least one of the debtors and another | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | | - | | |
| Date debt was incurred | Last 4 digits of account number | 22/1/2 g chago dingaga ann campitti a ri mannaz a vi maa an ar mittinaar edilmin mittina | altri (ortinaristi) ortinin karoniminin kun menta kanana kanananda kenana kenana kanana kenana kenana kenana k | Por e Professione Normaline De entre entre entre estamatibilitation de conse |
| 2.2 | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | , | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Column A on this page. Write that number here: | | met til frike dager for forest for som til dag sammang þei, se egni eg seksinning við til standa þeinna sem se | onii en-piini olimono quesqui no papa e denae) |

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Debtor 1

TOVEYAH BRAZELTON

| First Name | Middle Name | |
|------------|-------------|--|

Case number (if known)

| Additional Page Part 11 After listing any entries on this by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|---|---|---|
| | Describe the property that secures the claim: | - \$ | \$ | • |
| Creditor's Name | - Proporty and acouses the cigin. | · | . • | \$ |
| | | | | |
| Number Street | | | | |
| | | J | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| City State ZtP Code | Contingent | | | |
| Side Zir Code | Unliquidated Disputed | | | |
| liften ausen the Johan Ohard | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| • | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | | er transport fra met et fin de | te keemen te keesse oo kees | EN PROPERTO PERSONAL PROPERTO AND |
| Creditor's Name | Describe the property that secures the claim: | \$ | \$ | S |
| Creditor's Name | 6/14 to 100 to 1 | | | |
| Number Street | - | | | |
| number Sheet | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| • | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | | | |
| Check if this claim relates to a | — Otto (modely a right to onset) | | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | | tion the constitution in the constitution and the constitution of | er de la companya de | i in mentan semben sakmen jerkg njigning keshin hariya n |
| | Describe the property that secures the claim: | ; | \$ \$ | |
| Creditor's Name | | | ΨΨ | |
| | | | | • |
| Number Street | October 1 | | | |
| | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | : |
| City State ZIP Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | *** | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | : |
| | Other (including a right to offset) | | | : |
| ☐ Check if this claim relates to a community debt | Outer (including a right to onset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the deliar value of your autilian | | | | |
| | in Column A on this page. Write that number here: | | | |
| Mirita that number bare. | add the dollar value totals from all pages. | | | |

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Debtor 1

Part 2:

TOVEYAH BRAZELTON

| lame | Middle Name | Last Na |
|------|-------------|-------------|
| | | |

List Others to Be Notified for a Debt That You Already Listed

Case number (# known)

| you nave me | ore man one creanor | for any of the debts tha I, do not fill out or subm | it vou listed in Part 1. | he creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to |
|-------------|--|--|--|---|
| | | | . • | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | *** |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | _ |
| City | | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | · · · · · · · · · · · · · · · · · · · | PRI TO THE TOTAL PRINCIPLE OF THE TOTAL PRINC | _ |
| | | | | ••• |
| City | | State | ZIP Code | |
| J | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | A Company of the Comp | | _ |
| **** | | | | - |
| City | enter to the majorable of the commis- | State | ZIP Code | |
| J | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | - |
| | | | | - |
| City | | State | ZIP Code | |
| | | ······ | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| | | | | |
| City | | State | ZIP Code | |
| | ······································ | | · · · · · · · · · · · · · · · · · · · | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| | | | | |
| City | | State | ZIP Code | |
| | | | | |

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Debtor 1

Number

City

Name

Number

City

Street

Street

TOVEYAH BRAZELTON
First Name Middle Name

State

State

ZIP Code

ZIP Code

Case number (if known),

On which line in Part 1 did you enter the creditor? _

Last 4 digits of account number ____

| you have more than one cred | m you for a debt you owe to someone else | cy for a debt that you already listed in Part 1. For example, if a collection list the creditor in Part 1, and then list the collection agency here. Similarly, if art 1, list the additional creditors here. If you do not have additional persons to |
|-----------------------------|--|--|
| | | On which line in Part 1 did you enter the creditor? |
| Name | | Last 4 digits of account number |
| Number Street | ************************************** | |
| City | State ZIP Code | |
| | | On which line in Part 1 did you enter the creditor? |
| Name | | Last 4 digits of account number |

Case 16-35509 Doc 1 Filed 11/07/16 Entered 11/07/16 15:15:22 Page 30 of 57 Document Fill in this information to identify your case: TOVEYAH BRAZELTON Debtor 1 Debtor 2 Middle Name (Spouse, if filing) First Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify ☐ No Q Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent Unliquidated State ZiP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other. Specify Is the claim subject to offset? ☐ No ☐ Yes

Debtor 1

Part 1:

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Your PRIORITY Unsecured Claims — Continuation Page

| Aft | er listing any entries on this page, number then | beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount | |
|---------------------------------------|--|--|--|--|--|------|
| · · · · · · · · · · · · · · · · · · · | Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | . \$ | |
| | Friday Creditor's Name | | | | | |
| | Number Street | When was the debt incurred? | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | | | | | | |
| | | Contingent | | | | |
| | City State ZIP Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | | |
| | | Torre of PRIORITY and a second objects | | | | |
| | Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | | | | |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government | | | | |
| | | Claims for death or personal injury while you were | | | | |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | | |
| | Is the claim subject to offset? | | | | | |
| | □ No | | | | | |
| | Yes | | | | | |
| | | | | mana da | in Nation of the State of the S | eren |
| | | Last 4 digits of account number | \$ | \$ | \$ | |
| | Priority Creditor's Name | Last 4 digits of account number | Ψ | Ψ | Ψ | |
| | | When was the debt incurred? | | | | |
| | Number Street | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | | ☐ Contingent | | | | |
| | City State ZIP Code | Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| | Who incurred the debt? Check one. | and Disputed | | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | Domestic support obligations | | | | ÷ |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government | | | | į |
| | | Claims for death or personal injury while you were intoxicated | | | | i |
| | Check if this claim is for a community debt | Other. Specify | | | | |
| | to the claim authiest to affect? | | | | | |
| | Is the claim subject to offset? | | | | | · |
| | □ No | | | | | : |
| | | | to Cartifolio (Cartifolio (Cartifolio Cartifolio (Cartifolio (Cart | | #Sortematics of months of the contract of the contract of the | ac. |
| | | Lant & diata of consumb | \$ | \$ | \$ | |
| | Priority Creditor's Name | Last 4 digits of account number | Φ | Φ | p | - |
| | | When was the debt incurred? | | | | |
| | Number Street | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | | ☐ Contingent | | | | |
| | City State ZIP Code | Unliquidated | | | | |
| | ony out III sout | Disputed | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | | |
| | Debtor 2 only | • | | | | : |
| | Debtor 1 and Debtor 2 only | Domestic support obligations | | | | : |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government | | | | |
| | | Claims for death or personal injury white you were intoxicated | | | | |
| | ☐ Check if this claim is for a community debt | Other. Specify | | eritar esta esta esta esta esta esta esta esta | DANIARIA (DANIARIA) ARIPERTANDAN PARISAN PARIS | |
| | Is the claim subject to offset? | | | | | 1 |
| | No | | | | | |
| | ☑ No ☑ Yes | | | | | 1 |
| | war 100 | | | | | |

Debtor 1

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| Part 2: L | ist Ali | of Your | NONPRIORITY | Unsecured | Claims |
|-----------|---------|---------|-------------|-----------|--------|
| | | | | | |

| 3. | Do any creditors have nonpriority un No. You have nothing to report in the Yes | | | | | |
|-----------|---|-------------------------------|--|---|------------|--------------|
| 4. | List all of your nonpriority unsecured nonpriority unsecured claim, list the cree | litor sepa litor holds | rately for each cl | cal order of the creditor who holds each claim. If a creditor ha laim. For each claim listed, identify what type of claim it is. Do no m, list the other creditors in Part 3.If you have more than three no | t list cla | aims already |
| | Tamis in out the Communion Page of a | -an 2. | | | Tot | tal claim |
| 4.1 | AARGON AGENCY | | | Last 4 digits of account number | | 4 740 00 |
| | Nonpriority Creditor's Name | | | | \$ | 1,712.00 |
| | 8668 SPRING MOUNTAINS R | D | | When was the debt incurred? | | |
| | Number Street LAS VEGAS | NV | 89117 | | | |
| | City | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | - | | | | | |
| | Who incurred the debt? Check one. | | | Contingent Unliquidated | | |
| | Debtor 1 only | | | Disputed | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | | ☐ Student loans | | |
| | ☐ Check if this claim is for a commun | ity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | □ No | | | Other. Specify | | |
| | Yes | | | | | |
| 4.2 | CITY OF CHICAGO DEPT OF | | | Last 4 digits of account number | | 4,312.00 |
| L | Nonpriority Creditor's Name | 1 114/3/14 | <i>-</i> | When was the debt incurred? | Ψ | |
| | PO BOX 804556 | | | *************************************** | | |
| | Number Street | | | Norlade | | |
| | CHICAGO | IL | 60680 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | | Student loans | | |
| | ☐ Check if this claim is for a commun | ity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | □ No | | | Other. Specify | | |
| | Pes | 19331100210 (CS31) (CS11) (B) | The distance of the physical state of the productive state of the stat | | | |
| 4.3 | | | | Last 4 digits of account number | | |
| | Nonpriority Creditor's Name | | *************************************** | When was the debt incurred? | \$ | |
| | Number Street | | | | | |
| | City | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. | | | ☐ Contingent | | |
| | Debtor 1 only | | | ☐ Untiquidated | | |
| | Debtor 2 only | | | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: | | |
| | | | | Student loans | | |
| | U Check if this claim is for a communi | ty debt | | Obligations arising out of a separation agreement or divorce | | |
| | Is the claim subject to offset? | | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | □ No | | | Other. Specify | | : |
| | ☐ Yes | | | | | Í |
| | | | · | | | |

Debtor 1

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| art 2: | Your | NONPRIORITY | Unsecured | Claims — | Continuation | Page |
|--------|------|-------------|-----------|----------|--------------|------|
|--------|------|-------------|-----------|----------|--------------|------|

| | Last 4 digits of account number | s. |
|--|---|-----------------------|
| Vonpriority Creditor's Name | When was the debt incurred? | Ψ |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| Dity State ZIP Code | Contingent | |
| , 5005 | Unliquidated | |
| Who incurred the debt? Check one. | Disputed | |
| Debtor 1 only | · | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Student loans | |
| | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a community debt | you did not report as priority claims | |
| s the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| □ No | ourer. Specify | |
| Yes | | |
| and the mean and the state of t | Last 4 digits of account number | e nazezen eerz weezen |
| Ionpriority Creditor's Name | Transmission | φ |
| | When was the debt incurred? | |
| lumber Street | As of the date you file, the claim is: Check all that apply. | |
| ity State ZIP Code | Contingent | |
| Who incremed the debt Charles | ☐ Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Student loans | |
| | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| the claim subject to offset? | Other. Specify | |
|] No | — Outer Openiy | |
| Yes | | |
| | Last 4 digits of account number | \$ |
| onpriority Creditor's Name | Last 4 digits of account humber | |
| | When was the debt incurred? | |
| mber Street | As of the date you file, the claim is: Check all that apply. | |
| ty State ZIP Code | ☐ Contingent | |
| The incurred the debt? Check one. | Unliquidated | |
| | ☐ Disputed | |
| Debtor 1 only Debtor 2 only | Time of MONDRIOPPRA | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| the claim subject to offset? | Other. Specify | |
| No | | |

TOVEYAH BRAZELTON

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Debtor 1

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|--|--|--|--|--|
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Last 4 digits of account number |
| City | nando and baranta and an analysis of the second and | State | ZIP Code | |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.000 \$1.00 | Pilipinan (Amadri 1996) Artilli-kironemusyanagi saperyiyee | rakishinda a Karaba Tarihinda oʻridi ma'zata vara oʻrida ataq | n Miller (n. 1909) Self of Miller Shiph I Here in the American Shiph Self of Miller Shiph Sel | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| ~~~~ | | | *************************************** | Claims |
| City | van een alle terren een een een een een een een een ee | State | ZIP Code | Last 4 digits of account number |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| City | | State | ZiP Code | Last 4 digits of account number |
| Name | r Maengay sent Assan Walashis () and may a fill an an a | | erne Talle Beger ger i de er en egelege en en egelege e | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| City | | State | ZIP Code | Last 4 digits of account number |
| delite of Citing and reliable to Angle 1911 | | in an ann ann aige ann an t-rèidhe is e dhealaidh dhealain eachaile | that that the second | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | ************************************** | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Last 4 digits of account number |
| City | en tiener voor en trooppering opgever voor gevoer voor de verveer te verveer voor de verveer te verveer te ver | State st | ZIP Code | |
| Name | Marking and a second se | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | ······································ | State | ZIP Code | Last 4 digits of account number |
| | | | | the control of the co |

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Debtor 1

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim | |
|---------------------------------------|-------------|---|------------|-----------------------|------------|
| Total claims | 6a | . Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b | . Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e | Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| A A LO TANGLE | | | | Total claim | FT (8.14.) |
| Total claims | 6f. | Student loans | 6f. | \$ | 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 6h | Debts to pension or profit-sharing plans, and other | | | |
| | OH. | similar debts | 6h. | \$ | 0.00 |
| | 6 i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6h. 6i. | \$ + _{\$} | 6,024.00 |

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| Fill in this | information to | o identify you | ur case: | | | |
|--|--|--|--|--|--|--|
| Billionaniani | | H BRAZEL | | | | |
| Debtor | First Name | , DIO CLE | Middle Name | Last Name | NOTATION CONTINUES AND CONTINU | |
| Debtor 2 (Spouse if filin | g) First Name | | Middle Name | Last Name | | |
| United State | s Bankruptcy Co | urt for the: Nor | them District of II | linois | | |
| Case numbe (if known) | r | | | | | Check if this is an amended filing |
| ∩f ficial | Form 10 |)6C | | | | 9 |
| | ······································ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4 | .4 | N # | |
| 5cneo | uie G: | Execu | tory Cor | ntracts and | Unexpired Leases | 12/15 |
| information additional p 1. Do you 41 No. | If more space ages, write yo have any exec Check this box | e is needed, our name and cutory contra | copy the addition case number (in acts or unexpirent form with the court | nal page, fill it out, nur f known). ed leases? rt with your other schedu | pether, both are equally responsible for sup inber the entries, and attach it to this page. Uses. You have nothing else to report on this fo listed on Schedule A/B: Property (Official Form | On the top of any |
| 2. List sep | arately each p | erson or co | mpany with who | om you have the contra | ct or lease. Then state what each contract in the instruction booklet for more examples o | or lease is for /for |
| Person | or company w | vith whom yo | ou have the cont | tract or lease | State what the contract or lease is f | or |
| 2.1 | | | | | | |
| Name | | | | | | |
| Number | Street | ······································ | | | | |
| City | | State | ZIP Code | | | |
| | esas erra erre ega err | | | *** | | and a state of the |
| Name | | | | | | |
| Number | Street | | | | | |
| City | · · · · · · · · · · · · · · · · · · · | State | ZIP Code | | | |
| 2.3 | | | | | | |
| Name | | | | | | |
| Number | Street | | | | | |
| City | | State | ZIP Code | | | |
| | Andrews and the second | | | The second section of the second second | ti e transi i di internati di ancia transi transi di ancia di ancia di ancia di ancia di ancia di ancia di anci | entroller en |
| Name | | | | | | |
| Number | Ctrent | | ····· | | | |
| Number | Street | | | | | |
| City | | State | ZIP Code | , | | |
| 2.5 | | War-ta-Ad-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a-rela-a- | | | | |
| Name | | | | | | |
| Number | Street | | | | | |
| City | | State | ZIP Code | | | |

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| TOVEYAR | RKAZELI | ON | O |
|------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name | Case number (if known) |

| Det | otor 1 | First Name | | | Case number (if known) |
|-----|-----------------|---|---|--|---|
| | | Lazi Masuk | Middle Name | Last Name | |
| | | Additional D | age if You L | lave More Contracts or Leases | |
| | | Additional F | ayen rour | ave more contracts or Leases | |
| | Person | or company w | ith whom you | u have the contract or lease | What the contract or lease is for |
| | 5 | | | | |
| 22 | | | | | |
| | Name | | | | |
| | | | ··· | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | | | | | en e |
| 2 | | | | | |
| | Name | | | | - |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | | | - Jiaic | ZIF Code | |
| 2 | | | | | |
| | Name | | | | • |
| | | | | | |
| | Number | Street | | | • |
| | City | | Plata | 715.0 | |
| | Oity | | State | ZIP Code | |
| 2 | | | | | |
| i | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2 | | | | | |
| | Name | | | | |
| | Hame | | | | |
| | Number | Street | | | |
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| | Name | | *************************************** | | |
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| 2_ | | | | | |
| | Name | | | | |
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| | | | | | |

Name

Number

ZIP Code

State

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| Fill in t | his information to identify | your case: | | | |
|---|--|---|---|--|--------------------------------------|
| Debtor 1 | TOVEYAH BRAZ | ELTON | | | |
| | First Name | Middle Name Las | d Name | | |
| Debtor 2 (Spouse, | if filing) First Name | Middle Name Las | t Name | | |
| United S | States Bankruptcy Court for the: | District of | | | |
| Case nu | | | | | |
| (If known |) | | | | eck if this is a |
| 065-1 | - L.T 400LL | | | am | ended filing |
| | al Form 106H | | | | |
| Sch | edule H: Your | Codebtors | | | 12/15 |
| are filing and num case num 1. Do y 2. With Arizo | together, both are equally ber the entries in the boxenber (if known). Answer entries ou have any codebtors? (in Noward entries and the last 8 years, have yona, California, Idaho, Louis No. Go to line 3. | responsible for supplying case on the left. Attach the Addivery question. If you are filing a joint case, do but lived in a community propana, Nevada, New Mexico, Pur spouse, or legal equivalent living state or territory did you live? | nrect information. If many tional Page to this page to this page to this page to the page to the page to the time? The page to the time? | (Community property states and territories inc | Page, fill it out, e your name an |
| | Walnut Street | | | | |
| | City | State | ZIP Code | | |
| shov Sche Sche | vn in line 2 again as a cod | ebtor only if that person is a i), Schedule E/F (Official Fore | quarantor or cosigner. | f your spouse is filing with you. List the per Make sure you have listed the creditor on G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you o | |
| | | | | Check all schedules that apply: | we the debt |
| 3.1 | | | | Official an scriedules that apply. | |
| Nan | ne | | | Schedule D, line | |
| Nun | nber Street | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| 3.2 City | | State | ZIP Code | | |
| Nan | ne . | | | Schedule D, line | : |
| I COL | | | | ☐ Schedule E/F, line | |
| Nun | nber Street | | | Schedule G, fine | : |
| City | | State | ZIP Code | | : |
| 3.3 | | | | | |
| Nam | ne | | | Schedule D, line | |
| Num | nber Street | | ************************************** | Schedule E/F, line | |
| | - The state of the | | | - Screene G, line | |
| City | | State | ZIP Code | | |

Document

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Debtor 1

TOVEYAH BRAZELTON
First Name Middle Name

Case number (if known)_

| | , | Additional Page to Lis | st More Codebtors | | |
|---|--------|--|---------------------------------------|---|--|
| | Column | 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| 3 | ţ | | | | Check all schedules that apply: |
| L | Name | de constitución de la constitución | | | Schedule D, line |
| | | | | | ☐ Schedule E/F, line |
| | Number | Street | | | ☐ Schedule G, line |
| | City | | State | ZIP Code | |
| 3 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, fine |
| | Number | Street | | | Schedule G, line |
| | City | | State | ZIP Code | _ |
| 3 | | | | | |
| ш | Name | | | | Schedule D, line |
| | | | | | Schedule E/F, line |
| | Number | Street | | 141000000000000000000000000000000000000 | Schedule G, line |
| | City | | State | ZIP Code | |
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| | Name | | | | Schedule E/F, line |
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| 3 | | | | | Chadula D. Sna |
| | Name | | | | Schedule D, line |
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| | | 55 | | | |
| 3 | City | | State | ZIP Code | e de la companya de l |
| | Name | | | | Schedule D, line |
| | | | | | ☐ Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| r | City | | State | ZIP Code | - |
| 3 | | | | | Schedule D, line |
| | Name | | | | ☐ Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
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| 3 | | | | | |
| | Name | 7 | · · · · · · · · · · · · · · · · · · · | | Schedule D, line |
| | Number | Street | | | Schedule E/F, line |
| | | | | | _ Solotto O ₁ RRD |
| | City | | State | ZIP Code | _ |

| Fill in this information to identif | y your case: | | | | | |
|---|---|--|--------------------------------|--|--|------------------------|
| Debtor 1 TOVEYAH BRA | ZELTON | | | | | |
| First Name | Middle Name | Last Name | | — | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | , | _ | | |
| United States Bankruptcy Court for the | : Northern District of Illinois | 5 | | | | |
| Case number | | | | Chec | ck if this is: | |
| (tf known) | | | | □ A | n amended filing | |
| | | | | | supplement showing po | |
| Official Form 106I | _ | | | | ncome as of the following | idate: |
| Schedule I: Yo | ur Income | | | | | 12/15 |
| Be as complete and accurate as p supplying correct information. If y if you are separated and your spo separate sheet to this form. On the Part 1: Describe Employs | you are married and not fouse is not filing with you be top of any additional page | iling jointly, and y . do not include ir | our spron | pouse is living value | with you, include informate space is | ion about your spouse. |
| Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non- | -filing snouse |
| If you have more than one job. | | tational management of the property of the second of the s | NAMES OF THE PERSONS ASSESSED. | etter ditterittisk til kaltinen punci komplen for egine pring for proposa proposa proposa proposa proposa prop | +17.450+15.453453454454554545454545454565454545455656565656565666666 | |
| attach a separate page with information about additional employers. | Employment status | ☑ Employed ☐ Not emplo | yed | | ☐ Employed ☐ Not employed | i |
| Include part-time, seasonal, or | | | | | , | |
| self-employed work. Occupation may include student or homemaker, if it applies. | Occupation | ~~~~ | ····· | | | |
| , , | Employer's name | MARIANO'S | <u> </u> | | | |
| | Employer's address | 3857 S KING | s DR | IVE | | |
| | | Number Street | | 1 V L | Number Street | |
| | | | | | | |
| | | CHICAGO | | IL 6065 | 53 | |
| | | City | Sta | te ZIP Code | City | State ZIP Code |
| | How long employed the | ere? | - | | | |
| Part 2: Give Details Abou | t Monthly Income | | | | | |
| Estimate monthly income as of spouse unless you are separated | f the date you file this for i. | m. If you have noth | ing to | report for any lin | ne, write \$0 in the space. Inc | dude your non-filing |
| If you or your non-filing spouse h below. If you need more space, a | ave more than one employ attach a separate sheet to t | er, combine the info | omati | on for all employ | ers for that person on the lin | nes |
| | | | | For Debtor | 1 For Debtor 2 or non-filing spouse | nicari |
| List monthly gross wages, sai deductions). If not paid monthly, | | | 2. | \$800.0 | <u>0</u> | |
| 3. Estimate and list monthly ove | rtime pay. | | 3. | +\$0.0 | 0 + \$ | |
| 4. Calculate gross income. Add li | ine 2 + line 3. | | 4. | \$ 800.0 | 0 \$ | |

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| TOVEYAH | BRAZELTO | ON | Cana mumbar | |
|------------|-------------|-----------|------------------------|--|
| First Name | Middle Name | Last Name | Case number (if known) | |

| | | For | Debtor 1 | For Debtor 2 or non-filing spouse | |
|---|-----------|-----------|--------------|-----------------------------------|----------------|
| Copy line 4 here | → 4. | \$ | 800.00 | \$ | |
| 5. List all payroll deductions: | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. | | | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | | | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | | | \$ | |
| 5e. Insurance | 5e. | | | \$ | |
| 5f. Domestic support obligations | 5f. | \$ | | \$ | |
| 5g. Union dues | 5g. | \$ | | \$ | |
| 5h. Other deductions. Specify: | _ | +5 | | + \$ | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5 | | \$ \$ | | \$ | |
| • | | | 000 00 | P | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 800.00 | \$ | |
| 8. List all other income regularly received: | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | | \$ | |
| 8b. Interest and dividends | 8b. | \$ | | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive | | Ψ | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 230.00 | \$ | |
| 8d. Unemployment compensation | 8d. | \$ | | \$ | |
| 8e. Social Security | 8e. | \$ | | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistantat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | | \$ | |
| 8g. Pension or retirement income | _ | • | | | |
| | 8g. | \$ | | \$ | |
| 8h. Other monthly income. Specify: | _ 8h. | + \$ | | + \$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 1,030.00 | \$ | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 1,030.00 | + s= | \$1,030.00 |
| 11. State all other regular contributions to the expenses that you list in Scho | | | | | |
| Include contributions from an unmarried partner, members of your household, friends or relatives. | | | | | |
| Do not include any amounts already included in lines 2-10 or amounts that are | e not ava | ailable t | o pay expens | es listed in Schedule J. | |
| Specify: | - | | | 11. 🛨 | \$ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain | | | | | \$1,030.00 |
| 13. Do you expect an increase or decrease within the year after you file this No. | form? | | | | monthly income |
| ☐ Yes. Explain; | | | | | |

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| Fill in this information to identif | y your case: | | | |
|--|--|--|--|------------------------------------|
| Debtor 1 TOVEYAH BRAZ | | Check if this | ie: | |
| Debtor 2 | Middle Name Last Name | ——— An amen | | |
| (Spouse, if filing) First Name | Middle Name Last Name | ł | • | petition chapter 13 |
| United States Bankruptcy Court for the | : Northern District of Illinois | | as of the following | |
| Case number (If known) | The second secon | MM / DD/ | YYYY | |
| Official Form 106J | | | | |
| Schedule J: Yo | ur Expenses | | | 12/15 |
| Be as complete and accurate as prinformation. If more space is need (if known). Answer every question Describe Your Ho | | ing together, both are equally res n. On the top of any additional pa | ponsible for supply ges, write your nam | ring correct ne and case number |
| Is this a joint case? | | | | |
| No. Go to line 2. | | | | |
| Yes. Does Debtor 2 live in a | separate household? | | | |
| ☐ No ☐ Yes. Debtor 2 must f | ile Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. Do you have dependents? | □ No | Dependent's relationship to | Dependent's | |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Debtor 1 or Debtor 2 | age | Does dependent live with you? |
| Do not state the dependents' names. | | SON | 5 | ☐ No ☑ Yes |
| | | SON | 1 | ☐ No ☑ Yes |
| | | | | ☐ No |
| | | | | Yes |
| | | | | U No □ Yes |
| | | | | □ No |
| | | | *************************************** | Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | | | | |
| | ing Monthly Expenses | | | |
| | r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme | | | |
| | n-cash government assistance if you | | V | |
| | d it on Schedule I: Your Income (Offic | · | Your expe | NSES |
| any rent for the ground or lot. | expenses for your residence. Include | nrst mongage payments and | 4. \$ | 200.00 |
| If not included in line 4: | | | | 0.00 |
| 4a. Real estate taxes | conter'e incumnos | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or it4c. Home maintenance, repair, | | | 4b. \$ 4c. \$ | 0.00 |
| 4d. Homeowner's association o | • • | | 4d. \$ | 0.00 |
| | | | | |

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Debtor 1

TOVEYAH BRAZELTON
First Name Middle Name Lest Name

Case number (if known)

| | | | Your expenses | |
|-----|---|------|--|-------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | финанция в от меняровного в от в от меняровного от | 0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 60.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 40.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$2 | 00.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 30.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 25.00 |
| 10. | Personal care products and services | 10. | \$ | 25.00 |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | e i | 50.00 |
| | Do not include car payments. | 12. | \$ | |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 0.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | ie. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

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| First Name Middle Name Last Name | | | |
|---|--------------|----------|---|
| | | | |
| Other. Specify: | 21. | +\$ | 0.00 |
| Calculate your monthly expenses. | | 1 | and the state of the section of the |
| 22a. Add lines 4 through 21. | 22a. | \$ | 630.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | 0.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c . | \$ | 630.00 |
| Calculate your monthly net income. | | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,030.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 630.00 |
| 23c. Subtract your monthly expenses from your monthly income. | | | 400.00 |
| The result is your monthly net income. | 23 c. | 3 | |
| Do you expect an increase or decrease in your expenses within the year after you file this | s form? | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage. | | | |
| ☑ No. | | | |
| Yes. Explain here: | | | |

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| | | | | U | 45 01 5 | • | | | |
|----------------------------|--|--|---|--------------|---|--|----------------|-----------|----------------------------|
| l in this infor | rmation to identify | your case: | | | | | | | |
| | OMENAL DE A | T-1 T-0.1 | | | | | | | |
| | OVEYAH BRAZ | ZELION Middle Name | Last Name | | | | | | |
| ebtor 2 | | | | | | | | | |
| oouse, if filing) Fin | rst Name | Middle Name | Last Name | | | | | | |
| ited States Ban | nkruptcy Court for the: | Northern District of | of Illinois | | | | | | |
| ise number | | | | | | | | | |
| known) | | | | | | | | г | . |
| | | | | | _ | | | į | Check if thi amended fi |
| Decla | d people are filing | bout an | Individua e equally responsible | for suppl | | | | | 1; |
| obtaining morears, or both | | y fraud in connec | uptcy schedules or an tion with a bankruptc 3571. | | | | | | |
| Did you pa | ney or property b h. 18 U.S.C. §§ 152 sign Below | y fraud in connec 2, 1341, 1519, and | tion with a bankruptc | nelp you fil | out bankru | nes up to \$2 | 50,000, or | imprisoni | ment for up to |
| Did you pa | h. 18 U.S.C. §§ 152 Sign Below ay or agree to pay | y fraud in connect, 1341, 1519, and someone who is | tion with a bankruptc | nelp you fil | l out bankru ttach Bankrup ignature (Office | uptcy forms? stcy Petition Presial Form 119). | eparer's Notic | imprisoni | ment for up to |
| Did you pa | h. 18 U.S.C. §§ 152 Sign Below ay or agree to pay Name of person nalty of perjury, 1 care true and correct | y fraud in connect, 1341, 1519, and someone who is lectare that I have ct. | tion with a bankrupto 3571. NOT an attorney to h | nelp you fil | l out bankru ttach Bankrup ignature (Office | uptcy forms? stcy Petition Presial Form 119). | eparer's Notic | imprisoni | ment for up to |

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| WWW. | | | | | | | |
|----------|------------------------|--|---|---|---|---|---|
| FIII | in this i | nformation to id | lentify your case: | | | | |
| Deb | otor 1 | | BRAZELTON | | | | |
| Deh | tor 2 | First Name | Middle Name | Last Name | | | |
| | | First Name | Middle Name | Last Name | ************************************** | | |
| Unit | ed States | Bankruptcy Court | for the: Northern District of | Illinois | | | |
| | e number | | | | | г | Tour views |
| {11 K3 | nown) | · | | | | · | Check if this is an amended filing |
| | | | | | | | J |
| | | | | | | | |
| Off | icial | Form 107 | | | | | |
| Sta | atem | ent of Fi | inancial Affai | rs for Indiv | riduals Filing f | for Bankruptcy | 04/16 |
| Be as | s comple | ete and accurate | as possible. If two man | ried people are filin | g together, both are equa | lly responsible for supplyi | ng correct |
| infor | mation. | If more space is lown). Answer e | s needed, attach a separa | ate sheet to this for | m. On the top of any add | itional pages, write your na | ime and case |
| | | iowij. Albudi t | reiy quesuosi. | | | | |
| Par | 111 | Sive Details A | bout Your Marital Sta | tus and Where Y | ou Lived Before | | |
| OR STATE | 200000000 | | | | | | |
| 1. V | What is y | our current ma | rital status? | | | | |
| | Mami | | | | | | |
| ! | Not n | named | | | | | |
| 2 F | luring th | na laet 3 vaare | nave you lived anywhere | other than where y | you live now? | | |
| | No No | no naoc o youro, i | are you nived anywhere | odier dian where j | OU HVB HOW: | | |
| | | List all of the place | ces you lived in the last 3 y | ears. Do not include | e where you live now. | | |
| | Det | otor 1: | | Dates Debtor 1 | Debtor 2: | | Dates Debtor 2 |
| | | | | lived there | ever a. | | lived there |
| | | | | | Same as Debtor 1 | | Same as Debtor 1 |
| | | | | | Same as pepter (| | Same as Debior 1 |
| | Nui | mber Street | | From | Number Street | | From |
| | | | | То | | | То |
| | | | ************************************** | - | | | |
| | City | ! | State ZIP Code | ~ | City | State ZIP Code | |
| | | | | | Same as Debtor 1 | | Same as Debtor 1 |
| | | | | | Game as Deptor 1 | | Same as Deptor 1 |
| | Nur | mber Street | | From | Number Street | | From |
| | | | | To | | | То |
| | | | | | | | |
| | City | | State ZIP Code | _ | City | State ZIP Code | |
| | | | | | | | |
| 3. V | Vithin th tates and | e last 8 years, d d territories inclu | l id you ever live with a s p de Arizona, Califomia, Idal | ouse or legal equi ho, Louisiana, Nevad | valent in a community pro da, New Mexico, Puerto Ric | operty state or territory? (Co., Texas, Washington, and I | ommunity property Nisconsin.) |
| | Z No | | , | | , | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Yes. M | Make sure you fil | out Schedule H: Your Co | debtors (Official For | m 106H). | | |
| | | | | | | | |
| Pari | - F- | nlain the Co | rces of Your Income | | | | |
| | | processor sou | | | | | |

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| From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business Ope | Debto | | st Name | Case number (if known) | | | | | |
|--|-------|--|-----------------------|---------------------------------------|---|---------------------------------------|--|--|--|
| Debtor 2 Debtor 2 Debtor 2 Sources of Income Gross income Check all that apply, (before deductions and exclusions) Wages, commissions, bonusers, tips Debtor 2 Wages, commissions, bonusers, tips Debtor 3 Wages, commissions, bonusers, tips Debtor 4 Wages, commissions, bonusers, tips Debtor 5 Wages, commissions, bonusers, tips Debtor 6 Depting a business Debtor 6 Depting a business Debtor 7 Wages, commissions, bonusers, tips Depting a business Depting | | I in the total amount of income you received from all jobs and all businesses, including part-time activities. | | | | | | | |
| Debtor 1 Sources of income Check all that apply. Gross income Check all that apply. Wages, commissions, bonuses, tips Operating a business For last calendar year: (January 1 to December 31, | | □ No | | ones and | | | | | |
| Sources of income Check alt that apply. Check alt that apply. | | Yes. Fill in the details. | | | | | | | |
| Check all that apply. | | | Debtor 1 | | Debtor 2 | | | | |
| bonuses, tips Operating a business Operating a business Operating a business Operating a business For last calendar year: (January 1 to December 31, | | | | (before deductions and | | (before deductions and | | | |
| For last calendar year: (January 1 to December 31, Wages, commissions, bonuses, tips Operating a business | | | bonuses, tips | \$ 800.00 | bonuses, tips | \$ | | | |
| Operating a business Operating a business Operating a business Operating a business | | For last calendar year: | ☐ Wages, commissions, | | ☐ Wages, commissions, | \$ | | | |
| Commonstration Comm | | | .) | | E'D | ¥ | | | |
| (January 1 to December 31, | | For the calendar year before that: | - | | - . | | | | |
| 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Sources of income Describe below. Debtor 1 Sources of income Describe below. Debtor 2 Sources of income Describe below. Sources of income Describe below. Prom January 1 of current year until the date you filed for bankruptcy: \$ \$ \$ \$ \$ For last calendar year: (January 1 to December 31, | | (January 1 to December 31, | | \$ | r= | \$ | | | |
| Debtor 1 Sources of income Describe below. Gross income from each source (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income Describe below. | ł | List each source and the gross income from | | | - | e under Debtor 1. | | | |
| Describe below. Seach source (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: S S For last calendar year: (January 1 to December 31, | | Yes. Fill in the details. | Debtor 1 | | Debtor 2 | | | | |
| the date you filed for bankruptcy: \$\$ \$\$ For last calendar year: (January 1 to December 31,) \$\$ \$\$ For the calendar year before that: \$ \$\$ | | | | each source (before deductions and | | each source (before deductions and | | | |
| For last calendar year: (January 1 to December 31, | | | 4/41-4 | \$ | | \$ | | | |
| For last calendar year: (January 1 to December 31,) \$\$ \$\$ For the calendar year before that: \$ \$\$ | | | | \$\$ | *************************************** | \$ \$ | | | |
| (January 1 to December 31, | | For last colorador was | | | | | | | |
| For the calendar year before that: | | | | | | | | | |
| | | (Sandary 1 to Socialists of 1, 1) | | | | | | | |
| | | For the calendar year before that: | | \$ | | \$ | | | |
| | | (January 1 to December 31,) | | | | | | | |

Case 16-35509 Doc 1

TOVEYAH BRAZELTON
First Name Middle Name Debtor 1 Case number (if known)_ Last Name

| Part 3: | List | t Certain Payn | nents You | Made Befor | re You Filed | l for Bankruptcy | | |
|-------------|---------------|---|---|---|---|--|--|----------------------|
| | | | | | | | | |
| i. Are eit | her D | ebtor 1's or Det | otor 2's deb | ots primarily c | onsumer deb | ts? | | |
| ☑ No | . Ne i | ither Debtor 1 ne curred by an indiv | or Debtor 2 ridual primar | has primarily | consumer de | ebts. Consumer debts a household purpose." | are defined in 11 U.S.C. § 10 | 1(8) as |
| | | - | | - | • | ay any creditor a total o | of \$6,425* or more? | |
| | | No. Go to line 7. | | | | | | |
| | | total amour | nt you paid t | hat creditor. Do | o not include p | payments for domestic s | or more payments and the support obligations, such as | |
| | * 0 | | | _ | | ments to an attorney for | this bankruptcy case. after the date of adjustment. | |
| | | | | - | - | | aner the date of adjustment. | |
| ∟ Ye | | btor 1 or Debtor | | _ | | | | |
| | Dui | ing the 90 days t | pefore you fi | led for bankrup | otcy, did you p | ay any creditor a total o | f \$600 or more? | |
| | | No. Go to line 7. | | | | | | |
| | | creditor. Do | not include | payments for | domestic supp | \$600 or more and the to port obligations, such as ey for this bankruptcy ca | | |
| | | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | | | | \$ | \$ | ☐ Mortgage |
| | | Creditor's Name | | | | | | Car |
| | | | | | | | | Credit card |
| | | Number Street | ٠ | | | | | Loan repayment |
| | | | | | | | | Suppliers or vendors |
| | | | | | | | | Other |
| | | City | State | ZIP Code | | | | Cales |
| | | | | | | | _ | |
| | | Creditor's Name | | | ** | \$ | \$ | Mortgage |
| | | | | | | | | Car |
| | | Number Street | | | | | | Credit card |
| | | | | | | | | Loan repayment |
| | | *************************************** | *************************************** | *************************************** | *************************************** | | | Suppliers or vendors |
| | | City | State | ZIP Code | | | | ☐ Other |
| | | | | | | | | |
| | | | | | | \$ | \$ | |
| | | Creditor's Name | | | | a | ⊅ | ☐ Mortgage |
| | | | | | | | | Car |
| | | Number Street | | | · · · · · · · · · · · · · · · · · · · | | | Credit card |
| | | | | *************************************** | | | | Loan repayment |
| | | | | - | | | | Suppliers or vendors |
| | | A-1 | | 700.0 | | | | Other |

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| tor 1 | TOVEYAH BRAZELTON First Name Middle Name | Last Name | <u></u> | Case number (if known |) | |
|--------------------------|--|--|---------------------|---|---|--------------|
| Inside corpo agent | hin 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? ders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; porations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing int, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, h as child support and alimony. | | | | | |
| Z ÍN | 0 | | | | | |
| Q Y | es. List all payments to an insider. | | | | | |
| | | Dates o paymen | | Amount you still owe | Reason for this payment | |
| ī | Insider's Name | 1448 AFGE 1446 A | \$ | \$ | | |
| ī | Number Street | | | | | |
| | | | | | | |
| - | | | | | | |
| - | City State | ZIP Code | | | | |
| | | | \$ | \$ | | |
| ī | nsider's Name | | Ψ | _ • | | |
| ī | Number Street | | _ | | | |
| | | | | | | |
| _ | | | | | | |
| ō | City State | ZIP Code | | | | |
| an ins | n 1 year before you filed for bankri sider? e payments on debts guaranteed or | | y payments or trans | fer any property o | n account of a debt that | benefited |
| | , s. List all payments that benefited a | n insider. | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment include creditor's name | |
| Īr | nsider's Name | | \$ | \$ | | |
| N | lumber Street | | _ | | | |
| | | | | | | |
| _ | | | | | | |
| С | ity State 2 | ZIP Code | | | | |
| | | | \$ | \$ | | |
| In | sider's Name | | | *************************************** | | |
| N | umber Street | Authorities and Authorities an | - | | | |
| ., | | | | | | |
| | With the latest and t | *************************************** | _ | | | |
| | | | | | | |

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TOVEYAH BRAZELTON Debtor 1 Case number (if known) Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No No Yes. Fill in the details. Court or agency Status of the case Pending Case title Court Name On appeal ☐ Concluded Number Street Case number City State ZIP Code Pending Court Name On appeal Concluded Number Street Case number City ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. City ZIP Code Describe the property Value of the property Date Creditor's Name

Number

City

Street

State

ZIP Code

Property was repossessed.Property was foreclosed.Property was gamished.

Property was attached, seized, or levied.

Explain what happened

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TOVEYAH BRAZELTON

| First Name Middle Name Las | t Name | | | |
|--|--|--|--------------------------|------------------|
| | | | | |
| | | | | |
| hin 90 days before you filed for bankru | uptcy, did any creditor, ir | ncluding a bank or financial inst | titution, set off any | amounts from you |
| ounts or refuse to make a payment be | cause you owed a debt? | • | | |
| No | | | | |
| Yes. Fill in the details. | | | | |
| | Describe the action the | creditor took | Date action | Amount |
| | _ | | was taken | |
| Creditor's Name | | | | |
| | | | | \$ |
| Number Street | | | | |
| | twitt | | | |
| | | | | |
| City State ZIP Code | Last 4 digits of accoun | t number: XXXX | | |
| | and a digital of decoder | | | |
| hin 1 year before you filed for bankrup | tou was any of voice ass. | norty in the pageagains of | reignas for the bee | afit of |
| ditors, a court-appointed receiver, a cu | wy, was any or your prop Istodian, or another offic | perty in the possession of an as dai? | signee for the ben | ent ot |
| No | | • | | |
| Yes | | | | |
| 1 60 | | | | |
| List Certain Gifts and Contribu | ıtione | | | |
| List Certain Girts and Contribt | rions | | | |
| | | | | |
| sin 2 waara hafara way Elad far harbur | | | | |
| iin z years before you nied for bankruf | otcy, did you give any gif | ts with a total value of more tha | ın \$600 per person | ? |
| | otcy, did you give any gif | ts with a total value of more tha | ın \$600 per person | ? |
| No | tcy, did you give any gif | is with a total value of more tha | in \$600 per person | ? |
| No | tcy, did you give any gif | | n \$600 per person | ? |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | otcy, did you give any gif Describe the gifts | | Dates you gave | |
| No Yes. Fill in the details for each gift. | | ts with a total value of more tha | | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | | Dates you gave | value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | | Dates you gave | value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | | Dates you gave | Value |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | | Dates you gave the gifts | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$500 | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$500 | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | | Dates you gave the gifts | \$\$ |

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TOVEYAH BRAZELTON

| | ruptcy, did you give any gifts or contributions with a total valu | ue of more than \$6 | 600 to any charity? |
|---|--|--|------------------------|
| No Yes. Fill in the details for each gift or c | ookilo.dis- | | |
| res. Fill in the details for each gift of c | ontrioution. | | |
| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| Charity's Name | and- | | \$ |
| 1177 100 100 100 100 100 100 100 100 100 | | • | \$ |
| Number Street | _ | | |
| number Speet | | | |
| City State ZIP Code | | : | |
| | | | |
| List Certain Losses | | | |
| LISE CERTAIN LOSSES | | | |
| Describe the property you lost and | Describe any insurance coverage for the loss | Date of your | Value of property |
| how the loss occurred | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | • | lost |
| how the loss occurred | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | • | |
| how the loss occurred | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | • | lost |
| how the loss occurred | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | • | lost |
| List Certain Payments or Tra nin 1 year before you filed for bankruptcy ude any attorneys, bankruptcy petition p | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | loss | lost \$ |
| List Certain Payments or Tra nin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition p | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers ptcy, did you or anyone else acting on your behalf pay or trany or preparing a bankruptcy petition? | sfer any property | sto anyone |
| List Certain Payments or Tra nin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition p | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters ptcy, did you or anyone else acting on your behalf pay or transfers or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your pending and preparers. | loss | sto anyone |
| List Certain Payments or Train 1 year before you filed for bankruptconsulted about seeking bankruptcy de any attorneys, bankruptcy petition process. Fill in the details. | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters ptcy, did you or anyone else acting on your behalf pay or transfers or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your behalf pay or transferred. | sfer any property ur bankruptcy. Date payment or transfer was | lost \$ |
| List Certain Payments or Train 1 year before you filed for bankruptcy ade any attorneys, bankruptcy petition process. Fill in the details. Person Who Was Paid | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters ptcy, did you or anyone else acting on your behalf pay or transfers or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your behalf pay or transferred. | sfer any property ur bankruptcy. Date payment or transfer was | sto anyone |
| List Certain Payments or Train 1 year before you filed for bankruptcy ade any attorneys, bankruptcy petition process. Fill in the details. Person Who Was Paid | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters ptcy, did you or anyone else acting on your behalf pay or transfers or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your behalf pay or transferred. | sfer any property ur bankruptcy. Date payment or transfer was | sto anyone |
| List Certain Payments or Train 1 year before you filed for bankrupto consulted about seeking bankrupto ide any attorneys, bankruptcy petition process. Fill in the details. Person Who Was Paid Number Street | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters ptcy, did you or anyone else acting on your behalf pay or transfers or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your behalf pay or transferred. | sfer any property ur bankruptcy. Date payment or transfer was | sto anyone |
| List Certain Payments or Tra hin 1 year before you filed for bankruptcy ude any attorneys, bankruptcy petition p No Yes. Fill in the details. Person Who Was Paid Number Street City State ZIP Code | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters ptcy, did you or anyone else acting on your behalf pay or transfers or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your behalf pay or transferred. | sfer any property ur bankruptcy. Date payment or transfer was | sto anyone |

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| First Name | | | | | |
|--|--|---|--|--|---------------------------|
| | Middle Name La | st Name | Case number (if innown) | | |
| | | ************************************** | | en la come particular de comercia de come a conserva de comercia de comercia de conserva de comercia de conserva d | |
| | | Description and value of any propert | y transferred | Date payment or transfer was made | Amount of payment |
| Person Who Was Paid | i | | | | |
| *************************************** | | _ | | | \$ |
| Number Street | | | | | \$ |
| *************************************** | | _ | | | <u> </u> |
| City | State ZIP Code | MA. | | | |
| | | | | | |
| Email or website addre | ess | | | | |
| Person Who Made the | Payment, if Not You | | | | |
| No Yes. Fill in the details | ails. | | | | |
| No No | | | | | |
| ■ Yes. Fill in the deta | ails. | | | | |
| | | Description and value of any property | / transferred | Date payment or transfer was | Amount of paym |
| Person Who Was Paid | | - | and the same and a second second | made | |
| | | _ | | | \$ |
| Number Street | | | | | |
| Number Street | A STATE OF THE STA | - | | | \$ |
| City | State ZIP Code | ptcv. did you sell. trade, or otherwis | e transfer any property to | anyone other tha | \$ |
| City Vithin 2 years before ransferred in the ord noting to the conduction of the co | you filed for bankru linary course of your ansfers and transfers d transfers that you ha | eptcy, did you sell, trade, or otherwise business or financial affairs? made as security (such as the granting ave already listed on this statement. | | | - |
| City Vithin 2 years before ransferred in the ord include both outright to not include gifts and No | you filed for bankru linary course of your ansfers and transfers d transfers that you ha | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me | ortgage on your property or payments received | perty). Date transfe |
| City Vithin 2 years before ransferred in the ord include both outright to not include gifts and No Yes. Fill in the deta | you filed for bankru linary course of your ansfers and transfers d transfers that you ha | business or financial affairs? made as security (such as the granting ave already listed on this statement. | of a security interest or me | ortgage on your property or payments received ge | perty). |
| City /ithin 2 years before ransferred in the ord relude both outright to o not include gifts and No | you filed for bankru linary course of your ansfers and transfers d transfers that you ha | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property of or debts paid in exchan- | ortgage on your property or payments received ge | perty). Date transfe |
| City Vithin 2 years before ransferred in the ord include both outright to not include gifts and No Yes. Fill in the deta | you filed for bankru linary course of your ansfers and transfers d transfers that you ha | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property of or debts paid in exchan- | ortgage on your property or payments received ge | perty). Date transfe |
| City Vithin 2 years before ransferred in the ord nelude both outright to the ord include gifts and No Yes. Fill in the deta | you filed for bankru linary course of your ansfers and transfers d transfers that you ha | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property of or debts paid in exchan- | ortgage on your property or payments received ge | perty). Date transfe |
| City Vithin 2 years before ransferred in the ord nelude both outright to the ord include gifts and No Yes. Fill in the deta | you filed for bankru linary course of your ansfers and transfers d transfers that you ha | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property of or debts paid in exchan- | ortgage on your property or payments received ge | perty). Date transfer |
| City Within 2 years before ransferred in the ord include both outright to the ord include gifts and No Yes. Fill in the deta Person Who Received Number Street | you filed for bankru linary course of your ansfers and transfers d transfers that you ha hits. | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property o or debts paid in exchan | ortgage on your property or payments received ge | Date transfer was made |
| City Vithin 2 years before ransferred in the ord netude both outright to the ord netude gifts and No No Person Who Received Number Street City Person's relationship | e you filed for bankru linary course of your ansfers and transfers d transfers that you ha nils. Transfer State ZIP Code | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property o or debts paid in exchan | ortgage on your property property property property property received ge | Date transfe was made |
| City Vithin 2 years before ransferred in the ord include both outright to the ord include gifts and the ord include gifts a | e you filed for bankru linary course of your ansfers and transfers d transfers that you ha nils. Transfer State ZIP Code | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property o or debts paid in exchan | ortgage on your property property property property property received ge | Date transfe was made |
| City Vithin 2 years before ransferred in the ord include both outright to the ord include gifts and i | e you filed for bankru linary course of your ansfers and transfers d transfers that you ha nils. Transfer State ZIP Code | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property o or debts paid in exchan | ortgage on your property property property property property received ge | Date transfer was made |
| City Vithin 2 years before ransferred in the ord include both outright to the ord include gifts and i | e you filed for bankru linary course of your ansfers and transfers d transfers that you ha nils. Transfer State ZIP Code | r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property | of a security interest or me Describe any property o or debts paid in exchan | ortgage on your property property property property property received ge | Date transfe was made |

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| otor 1 | TOVEYAL | I BRAZELTON | | | Case number (# kn | numi | |
|--------------|--------------------|--|--|---|--|---|--|
| | First Name | Middle Name | Last Name | _ | | | |
| | | | | | | | |
| Mithin | 40 voom haf | are you filed for b | nulemantare effet een stan made | | A | | |
| | - | • | ankruptcy, did you transfe lled asset-protection device | | to a sen-semed tru: | st or similar device of V | vnich you |
| ☑ No | • | | , | , | | | |
| | s. Fill in the de | etaile | | | | | |
| | o. i m m bic de | iens. | | | | | William St. |
| | | | Description and value | | | | Date transfer |
| | | | | | | | was made |
| Naı | me of trust | | | | | | - |
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| *********** | | and the Parliament of Sandariane and Parliament of Sandariane Sandaria | and and the field and and all the second and the second and the field and the second and a definition of the d | the contract and a feet many provides and a succession of profession from | ررسو وموازمين موارسوانور والرسبود مورسيسو ومساموم وموازمون وموازمون والموازمون | er en alle en | e de contrata de marca de compresa de marca de describa de marca de compresa de compresa de compresa de compre Contrata de compresa de co |
| 1.8 | List Certain | Financial Acc | ounts, instruments, Sa | ife Deposit B | oxes, and Storag | e Units | |
| Within | 1 year before | e you filed for ban | kruptcy, were any financia | al accounts or | instruments held in | your name, or for your | benefit, |
| closed | i, sold, move | d, or transferred? | | | | - | |
| | | | arket, or other financial ac | | | res in banks, credit ur | ions, |
| | | pension funds, co | operatives, associations, | and other fina | ncial institutions. | | |
| Ø No □ v⊶ | s. Fill in the d | luda ita | | | | | |
| wi Te | s. riii in the c | etans. | | | | | |
| | | | Last 4 digits of acco | | Type of account or instrument | Date account was closed, sold, moved, | Last balance before closing or transfer |
| | | | | | | or transferred | troating of deliciti |
| <u></u> | ama of Einancial I | netit din n | | | | | |
| MS | ame of Financial I | nsuration | XXXX | | Checking | <u></u> | \$ |
| Ni | umber Street | | *************************************** | | Savings | | |
| _ | | | | | Money market | | |
| | | | | | ☐ Brokerage | | |
| Cir | ty | State ZIP Co | de | | Other | | |
| | | | | | | | |
| _ | | | XXXX- | | ☐ Checking | | \$ |
| Na | ime of Financial h | nstitution | | | Savings | | T |
| | | | | | Money market | | |
| No | amber Street | | | | Brokerage | | |
| | | | | | | | |
| Cit | ty | State ZIP Co | de | , | Other | | |
| | | | | | | | _ |
| - | | r did you have wit other valuables? | thin 1 year before you filed | i for bankrupto | y, any safe deposit l | box or other depositor | y for |
| ZÍ No | | Outer Valuables: | | | | | |
| | s. Fill in the d | etails. | | | | | |
| | | | Who else had acces | s to it? | Describe th | e contents | Do you still |
| | | | | | | | have it? |
| | | | | | | | ☐ No |
| Na | me of Financial tr | ารถ่านซ็อก | Name | | | | Yes |
| | | | *************************************** | | | | |
| Nu | mber Street | | Number Street | | | | |
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| | | | City State | ZIP Code | *************************************** | | |
| | ımber Street | | Number Street City State | ZIP Code | noncommunication | | |

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| Debtor 1 | TOVEYAH BRAZELTON First Name Middle Name L | ast Name | Case number (if known) | |
|-----------------------|--|---|--|-----------------------|
| 22. Have 21. N | you stored property in a storage uni | it or place other than your home | within 1 year before you filed for ba | nkruptcy? |
| ☐ Y | es. Fill in the details. | | | |
| | | Who else has or had access to it | ? Describe the contents | Do you still have it? |
| | Name of Steam Franklin | | | □ No |
| | Name of Storage Facility | Name | | ☐ Yes |
| | Number Street | Number Street | | |
| | | City State ZIP Code | TO THE SAME OF STANDARD AND SAME | |
| | City State ZIP Code | | | |
| Part 9: | Identify Property You Hold | or Control for Someone Else | • | |
| or ho | ou hold or control any property that old in trust for someone. | someone else owns? Include an | property you borrowed from, are | storing for, |
| ⊠ N | lo 'es. Fill in the details. | | | |
| — 1 | es. rill in the details. | Where is the property? | Describe the property | Value |
| | | | e e e e e e e e e e e e e e e e e e e | |
| | Owner's Name | | | \$ |
| | Number Street | Number Street | | |
| | | | | |
| ; | City State ZIP Code | City State | ZIP Code | |
| Part 10 | Give Details About Environ | mental information | | |
| For the r | purpose of Part 10, the following def | | | |
| | ronmental law means any federal, st | * * - | concerning pollution, contamination | n releases of |
| hazaı | rdous or toxic substances, wastes, or ding statutes or regulations controll | or material into the air, land, soil, | surface water, groundwater, or oth | er medium, |
| s Site n | neans any location, facility, or prope | rty as defined under any environ | · | operate, or |
| utiliza | e it or used to own, operate, or utiliz | e it, including disposal sites. | | |
| <i>Hazaı</i> subst | rdous material means anything an el tance, hazardous material, pollutant | nvironmental law defines as a ha , contaminant, or similar term. | tardous waste, hazardous substan | ce, toxic |
| | Il notices, releases, and proceeding | | s of when they occurred. | |
| | ny governmental unit notified you th | | | environmontal law? |
| 2 1 N | | | y made and or in violation of the | HAN CHRINGING REW : |
| | o es. Fill in the details. | | | |
| •••• | oo.) iii iii use cetaiis. | Governmental unit | Constant and the state of the state of | |
| | | ostenmental Attit | Environmental law, if you know it | Date of notice |
| Na | me of site | Governmental unit | _ | WARPANIA AND A |
| No | Raber Street | Number Street | <u>.</u> • | |
| Hu | | | _ | |
| • | ************************************** | City State ZIP Code | - | |
| Cit | y State ZIP Code | | | |

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| First Name | | N | Case number (| if brown) | |
|---|---|--|--|---|-----------------------------|
| | Middle Name | Last Name | our minor (| 2 FG (AMD) | |
| | | | | | |
| ve you notified a | nv oovernmenta | t unit of any release of hazardous | natorial? | | |
| _ | in government. | and or only release of flazardous. | noterial: | | |
| No | | | | | |
| Yes. Fill in the o | details. | | | i de la companya de | |
| | | Governmental unit | Environmental law | if you know it | Date of notice |
| | | | | | • |
| Name of site | | Governmenta) unit | | | ****** |
| | | | | | |
| Number Street | | Number Street | | | |
| | | | | | |
| | | City State ZIP C | ode | | |
| City | State ZIP | Code | | | |
| City | State 21F | Code | | | |
| ve you been a pa | rty in any judicia | al or administrative proceeding und | ler any environmental lav | v? Include settlements a | nd orders. |
| No | | | | | |
| Yes. Fill in the d | letails. | | | | |
| | | Count on anones | bl.ab | | Status of the |
| | | Court or agency | Nature of the | case | case |
| Case title | · · · · · · · · · · · · · · · · · · · | *************************************** | | | <u></u> |
| | | Court Name | AND | | Pending |
| | | NATIONAL DE LA | | | On appea |
| | | Number Street | THE TAXABLE PARTITION IN | | Conclude |
| *************************************** | | | | | |
| Case number | | City State | ZIP Code | | |
| 117 Give Det | talls About Yo | ur Business or Connections to | Any Business | | |
| thin 4 years befor | re you filed for b letor or self-emp | pankruptcy, did you own a business ployed in a trade, profession, or oth | or have any of the follower activity, either full-time | | business? |
| thin 4 years before A sole propr | re you filed for b ietor or self-emp f a limited liabilit | pankruptcy, did you own a busines: | or have any of the follower activity, either full-time | | business? |
| thin 4 years before A sole propr A member of A partner in | re you filed for b ietor or self-emp f a limited liabilit a partnership | pankruptcy, did you own a business ployed in a trade, profession, or oth ty company (LLC) or limited liability | or have any of the follower activity, either full-time | | business? |
| thin 4 years befo A sole propr A member of A partner in An officer, d | re you filed for b ietor or self-emp f a limited liabilit a partnership irector, or mana | pankruptcy, did you own a business ployed in a trade, profession, or oth ty company (LLC) or limited liability ging executive of a corporation | s or have any of the follow er activity, either full-time partnership (LLP) | | business? |
| thin 4 years befor A sole propr A member of A partner in An officer, d | re you filed for b ietor or self-emp f a limited liabilit a partnership irector, or mana | pankruptcy, did you own a business ployed in a trade, profession, or oth ty company (LLC) or limited liability | s or have any of the follow er activity, either full-time partnership (LLP) | | business? |
| thin 4 years befor A sole propr A member of A partner in An officer, d | re you filed for b ietor or self-emp f a limited fiabilit a partnership irector, or mana at least 5% of th | nankruptcy, did you own a business bloyed in a trade, profession, or other ty company (LLC) or limited liability ging executive of a corporation the voting or equity securities of a corporation | s or have any of the follow er activity, either full-time partnership (LLP) | | business? |
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| thin 4 years before A sole propr A member of A partner in An officer, de An owner of No. None of the | re you filed for b letor or self-emp f a limited fiabilit a partnership irector, or mana at least 5% of th above applies. (| pankruptcy, did you own a business oloyed in a trade, profession, or other company (LLC) or limited liability ging executive of a corporation are voting or equity securities of a corporation for to Part 12. | s or have any of the follower activity, either full-time partnership (LLP) orporation | e or part-time | aber |
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| or 1 TOVEYAH BRAZELTON First Name Middle Name Last | Name | Case number (if known) | | |
|--|--|--|--|--|
| | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | |
| Business Name | | EIN: | | |
| Number Street | Name of accountant or bookkeeper | Dates business existed | | |
| City State ZIP Code | | From To | | |
| | otcy, did you give a financial statement to | o anyone about your business? Include all financial | | |
| stitutions, creditors, or other parties. No Yes. Fill in the details below. | | | | |
| | Date issued | | | |
| Name | MM / DD / YYYY | | | |
| Number Street | | | | |
| Cify State ZiP Code | | | | |
| | | | | |
| 12: Sign Below | | | | |
| answers are true and correct. I understan in connection with a bankruptcy case car 18 U.S.C. §§ 152, 1341, 1519, and 3571. | d that making a false statement, concea | ts, and I declare under penalty of perjury that the ling property, or obtaining money or property by fraud onment for up to 20 years, or both. | | |
| Date 10/26/2016 | Date | | | |
| No No | tatement of Financial Affairs for Individu | als Filing for Bankruptcy (Official Form 107)? | | |
| ☑ Yes | | | | |
| Did you pay or agree to pay someone who ☑ No | o is not an attorney to help you fill out ba | nkruptcy forms? | | |
| Yes. Name of person | | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | |